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Mental Health Research and Minority Groups

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The *Mental Health Digest* will cease publication with *this* issue.

Changing priorities and needs have made the cancellation of the *Digest* necessary at this time, but the new Alcohol, Drug Abuse, and Mental Health Administration will continue to disseminate reports and publications in accordance with its mission to keep the public and professionals informed of important developments in research, manpower development, and service delivery.

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Office of Communications
Alcohol, Drug Abuse, and Mental
Health Administration
5600 Fishers Lane
Rockville, Md. 20852

Conceptual Ability in Black and White Children of Different Social Classes: An Experimental Test of Jensen's Hypothesis

Philip J. Scrofani, Antanas Suziedelis, and Milton F. Shore

After Jensen and his coworkers noted that, as a group, children of low socioeconomic status (SES) score 20 to 30 points below middle-SES children on IQ tests, they investigated the nature of cognitive differences across SES levels by developing laboratory learning tasks that were believed to be more culture fair than are conventional IQ tests. They consistently found no significant differences on what were labeled Level I (LI) tasks. These involved simple associative learning; for example, serial rote learning, digit span, and free recall of uncategorized lists. However, the lower-class groups still performed significantly lower than did middle-class groups on what he labeled Level II (LII) tasks. These tasks involved conceptual problem-solving abilities that were frequently measured by culture fair IQ tests and laboratory learning techniques of a conceptual kind. These so-called culture fair tasks reflected the same significant SES differences that had been found with conventional IQ tests. Jensen eventually concluded that specific, genetic antecedents underlay LII task performance. These genetic factors, he believed, were differentially distributed in the general population as a function of social class. He proposed that 70 to 90 percent of the systematic variance on LII tasks (including IQ tests) was based on inherent factors.

Jensen later theorized that conceptual ability followed a bimodal distribution in which the middle-class population represented the upper mode. He also hypothesized that LI ability was at least as heritable as LII ability, depending upon the culture fairness of the measures employed. However, LI ability was seen as being distributed about the same in all populations of social class. Although Jensen believed that most cognitive tasks tapped both abilities, he reported that some tasks (especially certain laboratory tasks) are purer measures of one or the other ability. Accordingly, he believes that the purer measures could be used to validate his genetic hypothesis regarding social class and the two forms of ability.

Others have proposed that lower-class children could equal or overtake middle-class children if they were trained in the usefulness of conceptual analysis. In reply, Jensen stated that the essence of intelligence (LII ability) is the ability to transfer learning from one problem to another. He proposed that children in the different socioeconomic groups differed markedly in their inherent capacity to acquire meditational techniques involved in conceptual operations, and also differed in their ability to transfer these skills across situations and tasks. Accordingly, he predicted that SES differences would become accentuated by training if all children involved were trained.

These issues led to our formulation of several empirical questions:

(1) Will pretraining in simple concept formation improve the performance of lower-SES children on more complex conceptual tasks?

(2) Will training in simple concept

formation reduce or eliminate SES differences in LII performance?

(3) Is there a relationship between performance on the multiple classification and multiple seriation matrices in lower-SES children and changes in LII performance as a function of training? I.e., do developmental indicators predict the effect of training? If so, are developmental indicators a more productive way of assessing conceptual and intellectual potential among lower-SES children than Jensen-type tasks?

(4) Is LI performance (free recall) related to SES training in concept formation, and multiple classification and seriation ability?

The Experiment

Selection of subjects—The study had three phases. In Phase I, 382 fourth-grade children from six public schools went through a series of selection techniques. Eighty-seven middle-SES and 123 lower-SES children were selected on the basis of the Two Factor Index of Social Position. The groups differed substantially (30 IQ points) on an initial measure of LII ability, a modified version of the Peabody Picture Vocabulary Test (PPVT). The groups did not differ significantly on digit span, which Jensen has cited as one of the best measures of LI ability. Therefore, the groups represented the modes of the two SES populations described by Jensen. If Jensen's theory was valid, these two groups would have represented two genotypically distinct samples of LII ability.

In Phase II, the two groups were administered Piaget-type multiple classification and multiple seriation matrix tasks. Over 96 percent of the middle-SES children achieved maximum or near maximum performance on these tasks and were called category A subjects. Forty-eight percent of the low-SES children achieved an equivalent level of performance and were called category B subjects. The remaining low-SES children (52 percent) were unable to complete the matrix tasks correctly and were labeled category C subjects.

For the major part of the study, 36 children whose scores fell close to the mean of each category (A, B, and C) were selected, for a total of 108 subjects. The B and C children were equivalent on the initial LII ability measure and approximately 28 IQ points below the A subjects. None of the samples differed significantly on the initial LI measure nor in age. All groups were equated on sex and race (approximately half male, half female, half black, and half white). The subjects from each category were then subdivided into two subsamples of 18 each, matched on all the measures and on age, sex, and race. One subsample from each category was randomly assigned to be trained in conceptualization, while the remaining did not receive conceptual training.

Final sample—The experiment in Phase III was a 3×2 design having 18 subjects per cell, for a total of 108 subjects. There were three categories of subjects (A, B, and C), and two conditions (trained and not trained).

Experimental procedure—Children in the experimental condition received two 30-minute training sessions in concept formation. These sessions were given by the experimenter, one at a time over 2 consecutive days. The children were trained in small heterogeneous groups. Training during the first session involved four brief sorting exercises and four brief display exercises. The second training session consisted of two sorting exercises and four display exercises. The children worked with thirteen different con-

cepts, including two of the four concepts (animals and clothing) represented in the LII free recall task to be given later. These two concepts were not used more frequently than any of the remaining eleven concepts. None of the pictures used in the exercises appeared in either the LI or LII free recall tasks administered later in the study.

The children in the control condition also met with the experimenter for two sessions of identical duration to those of the trained children. They met in small groups of similar composition to the trained groups. The tasks they performed were a variety of recognition exercises unrelated to concept formation. As with the trained group, none of the pictures used appeared in the later free recall tasks.

On the day following the completion of the training and control sessions, the children received one of the two free recall tasks (LI task or LII task). They received the second task on the next day. These tasks were individually administered to each child.

Measures—The LII free recall task involved 24 pictures representing 4 conceptual categories: animals, clothing, vehicles, and furniture. Each category consisted of six pictures (e.g., animals: bear, horse, lion, etc.).

The LII free recall task was administered to each child individually; there were five trials. The child earned two LII scores in each of three scoring indexes: LII Recall, LII Cluster, and Large Cluster.

The LI (nonconceptual) free recall task involved procedures and instructions identical to those of the LII free recall task. The only scoring index for this task was the LI Recall score.

Training Effects

LII free recall—A 3 × 2 analysis of variance was performed on each of the six indices of LII (conceptual) performance. The differences in scores among the three categories on LII tasks were statistically significant for all six indices. These highly significant main effects for the three categories were expected, since they represented social class differences that tended consistently to emerge when variables like trainability (treatment conditions) were ignored. The statistically significant main effects were primarily based upon the simple differences between middle-class children (A subjects) and lower-class children (B and C subjects) that have consistently emerged in previous research on LII tasks.

More importantly, however, all the analyses of variance yielded statistically significant category times training interaction effects. These interactions showed that category differences could not be considered in isolation. It is necessary to consider the influence of both category and training on conceptual (LII) learning. In other words, the interaction effects make clear that the nature of conceptual performance between, for example, middle-class children and lower-class children, depends upon whether or not the children have been trained. The interactions were then broken down to determine the meaning of these results and to answer the empirical questions posed.

The configuration of means for all six indices of LII performance indicated that training had the greatest effect on those lower-class children in category B, while having less of an effect on the middle-class, category A children, and the least effect on lower-class children in category C. Further statistical tests were employed to break down the interactions and determine their specific significance.

Tests on the effects of training on each category were performed. In general, A subjects always scored significantly higher than did B and C subjects when none of the subjects were trained in concept formation. Untrained B and C subjects did not differ significantly. Conversely, when all subjects were trained, A and B subjects were always significantly higher than were C, but did not differ significantly from each other. Therefore, training was consistently and significantly related to improvement for B but not for C subjects. Moreover, B subjects were more affected by training when compared to A subjects.

Stated another way, the results indicated that lower-class children (B) who excelled on the matrix tasks also excelled on the conceptual measures employed by Jensen when they were trained. Without training, these children showed results that would appear to support Jensen's thesis. However, when training was introduced, the lower-class B children equaled the performance of a similarly trained group of middle-class children on all six scoring indices of LII ability. This finding contradicts Jensen's major thesis.

LI free recall—A 3 × 2 analysis of variance was performed on the LI (nonconceptual) free recall scores of subjects in Phase III. The main effects for categories or training were not statistically significant, but the category times training condition interaction effect was significant. Posttests were performed to analyze the nature of the interaction. Individual cell comparisons indicated that the B trained subjects scored significantly higher than did B untrained subjects. Thus an additional question emerged: If LI and LII performance in free recall shared a portion of systematic covariance, could the statistically significant interactions emerging from the LII indices be just as readily explainable on the basis of systematic differences in LI ability? It might be suggested that the improvements on the LII free recall task that were shown by trained B subjects were based on rote memory functions (LI learning).

A series of 3 × 2 analyses of covariance were performed. The probability levels of the main effects and interaction effects were always the same, regardless of whether a particular LII index was investigated in an analysis of covariance design, or in an analysis of variance design. Therefore, many lower-class children equaled the middle-class children in LII free recall on the basis of their conceptual capacities, not on the basis of rote memory capacities believed to be tapped by the LI free recall task.

Order, sex, race, and concepts—The variables of order of presentation of tasks (LI free recall vs. LII free recall), sex (female vs. male), race (black vs. white), and concepts (previously trained concepts vs. nonpreviously trained concepts) were examined separately and in combination by statistical analysis. There were no statistically significant main effects or interaction effects on the concepts that were pretrained as compared to those that were not pretrained.

A few significant main effects and interactions emerged on order, sex, and race, but the patterns were inconsistent and so few in number that they did not exceed chance. There was no clear evidence to indicate that black children were different from white children in conceptual functioning when SES was systematically controlled.

On the basis of these findings, what

are the answers to our four empirical questions?

The results do not support Jensen's predictions. Many of the trained low-SES, low-IQ children exhibited substantially higher LII scores than did their counterpart controls. This finding provides positive affirmation of the first empirical question.

It was also found that lower-SES children were substantially lower in LII performance than were middle-SES children under the control (untrained) condition. Indeed, the LII recall scores of the middle- and lower-SES control subjects, taken in isolation, would appear to replicate Jensen's findings. However, many lower-SES children exhibited the same capacity for LII (conceptual) operations as did middle-SES children when both groups were trained. These findings provided a positive answer to the second empirical question.

The evidence on the third empirical question limited and refined the conclusions raised with regard to the first and second empirical questions. The multiple classification and multiple seriation matrices proved to be efficient predictors of the effectiveness of training on the LII performance among low-SES children. Specifically, the trained subjects who scored high on classification and seriation made significant gains over their counterpart untrained controls and were able to equal the middle-class level of conceptual functioning. Training had little effect among those who scored low on these two cognitive measures.

With regard to the fourth question, the main effect of SES on nonconceptual performance did not emerge as significant. This corroborated the findings reported by Jensen, in which middle- and lower-SES children did not differ in LI free recall in spite of substantial SES differences in IQ. There was a significant category times training interaction on the LI free recall. It proved difficult, however, to explain why trained B subjects were significantly higher than their counterpart untrained controls, while the trained and untrained groups of A and C did not differ significantly. Interactions of this nature highlight the complexity of factors that might be influencing performance of these tasks and serve to caution against premature conclusions about the determinants of such performance. Of utmost importance is that the differences in LI performance were not related to differences in LII performance and therefore did not confound the findings regarding the first three empirical questions.

Performance deficiencies among lower-class children on LII laboratory tasks require careful and painstaking evaluation. Jensen and his colleagues have made significant contributions to exploring these cognitive deficiencies with their laboratory approach. Validity of Jensen's genetic theory of cognitive processes has to be viewed with skepticism in the light of our findings. These results point to the urgency for continued and extended efforts to explore the origins and functional aspects of cognitive deficiency in various groups and how they might be overcome.

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Social Constraints on Sociological Knowledge: Academics and Research Concerning Minorities

Joan W. Moore

During the past few years there has been a resurgence of self-criticism in sociology. At the same time, sociology, and the social sciences in general, have been subject to attack from other groups as well. Some of the most dramatic and disturbing criticisms have come from minority groups.

This history of dialog between minority representatives and academic researchers is important in its own right, and also because of its implications for the process of generating sociological knowledge. Sociologists who study ethnic and other minorities have experienced pressures to reexamine their conceptual apparatus and research procedures as they change their relations with the people they study. Sociologists in general, are being forced to redefine themselves and how they come to know. What are the implications of this forced interaction with "subjects"?

This devolves into several subquestions. What constraints are there within the profession that facilitate or hinder the creative incorporation of hitherto excluded knowledge systems? What are the other elements of the research organization set—and what constraints do they generate?

There are at least two dilemmas within the sociological stance which leave us poorly equipped to cope with this "equality revolution," especially as it involves minorities. One is the goal in the discipline of a form of omniscience—the claim that our abstract concepts are exhaustive of social realities and applicable to all kinds of situations. Qualifications upon this claim usually take the form of a lipservice disclaimer about the conceptual limitations imposed by the limited exposure of the individual researcher to the particular social reality he studies. In professional socialization we tend to emphasize the goal of generalizability—omniscience. Rarely do we systematically study our limitations. The other dilemma is more familiar. It is that of scientific neutrality versus partisanship.

The omniscience dilemma—This is of critical importance for minority studies. It is beginning to be acknowledged that the field in some way reflects the biases and limitations of the 98 percent Anglo-white composition of the profession. In the past, some projects have attempted to correct these limitations by collaboration with minority academics from sociology or other disciplines. But professional norms by no means demand such collaboration. Nor are there any norms to allow us to say when we have acquired enough personal knowledge of a situation to permit us to apply our general concepts.

These problems have been ignored, especially with regard to minorities, because few of our subjects have been either aware of what we have been doing or powerful enough to make their protests count.

What have we omitted by the exclusion and haphazard inclusion of minorities from sociological research? We do not know. Questions about the validity and fruitlessness of our conceptual and analytic frameworks have been rare.

The neutrality dilemma—Dealing with the omniscience dilemma implies a less than complete capacity to em-

pathize with research subjects. If the subjects happen to be minority group members, another dilemma is triggered. Formal sociological training has emphasized a "scientific" norm of neutrality; informally, however, we are socialized to a humanistic counternorm of partisanship—at least with our disadvantaged subjects, whom we should like, and who should like us. We also manage this dilemma by virtue of the fact that most funds allotted for social research are given for applied concerns. Neither covert partisanship nor applied social research clears the air; they encourage a patronizing attitude which, given the legitimacy of scientific neutrality, is peculiarly resistant to challenge.

Sociological insiders and outsiders—The ambivalence in the profession regarding both omniscience and neutrality is beginning to become manifest in methodological struggles in the minority specialty. One can term the cleavage as that between "conventional" and "critical" sociologists, the new sociological Insiders and Outsiders.

Until recently, empirical sociology was struggling with its rationale, and all postures were debatable. Now there is a backlog of traditional roles and the legitimation of funding to justify an uncritical acceptance of conventional procedures. This tenuous "tradition" is inflated beyond its intellectual foundations and permits conventional sociologists to resist their critical colleagues, and even to find moral grounds for doing so.

Insiders and Outsiders in research concerning minorities—The field of minority studies reflects a similar cleavage that is more acute and more demanding for the individual researcher than is the general sociological cleavage. The sociologist whose specialty is studying minorities thus faces a double cleavage.

Let us consider "Outsiders" in minority research—the 98 percent who are Anglo sociological researchers. They include conventional "Insiders" and critical "Outsiders" who are members of the profession. The recurrent conflicts with community groups are often the consequence of research actions undertaken by conventional sociologists. Conventional sociologists receive moral support not only from the backlog of conventional publications which legitimate their ideas, but from Insider sociologists in other fields who share their distaste for attacks on what is by now, after all, a science—or at least a profession. Criticism, they say, is "unprofessional."

Critical sociologists in the field of ethnic relations are often "Outsiders" in a double sense. They are professional Outsiders, disclaiming omniscience and, frequently, neutrality. Just as radical sociologists are generally attempting to develop alternative models of analysis, so the critical sociologists specializing in research about minorities are struggling with intellectual alternatives to the conventional "race-relations" approach.

The most significant innovation of these sociological Outsiders is their urgent recommendation that collegiality be developed with minority community specialists in the definition of problems to be studied, in the development of procedures of research, in the analysis of data, and in strategies for the utilization of data. This challenges both of the Insider dogmas of omniscience and neutrality. Such recommendations involve other elements in the research organization set—that is, the context within which research is performed. The Outsiders challenge the "normal" operational modes of university administration, funding

agencies, members of minority communities, and the other nonuniversity publics. Although the lack of these elements has developed a set of conventional understandings about research, there are indications that these elements are changing their definitions of the research process.

The turmoil within sociology, and in the area of minority studies in particular, may be part of what has been termed the "equality revolution," a general shift within American culture which affects academic disciplines by challenging both the knowledge they offer and the procedures for gathering this knowledge.

The research organization set—But there are other important influences pressing upon the actions of academic sociologists. Much of the resistance to the challenges of the equality revolution has been attributed by sociologists to other elements in what might be termed the "research organization set."

The elements in this set—university administration, funding agencies, members of the minority community under study, and nonuniversity publics—interact with the academic researcher and impinge upon his research. Although this organizational context may appear to be highly formalized, it is, like many aspects of our relatively new sociological enterprise, of recent origin. The activities of each element are only partially institutionalized and the links between the elements are tenuous. The dialog within each element can be tipped either in the direction of the equality revolution or in an anti-egalitarian direction.

University administration—Some of the constraints felt by the academic researcher are imputable to university administrations—particularly demands that the scholar publish, that he acquire large grants, and that he avoid generating controversy that would "offend" the nonuniversity public. Some administrations have been reluctant to protect faculty members involved in controversy on minority issues.

This tempts one to make university administrations the scapegoats for all problems relating to the study of minorities. However, university administrations are not monolithic, particularly not in an epoch of changing university functions. If they are well informed, they may recognize the necessity for minorities to participate in research.

Funding sources—During the past 40 years or so a considerable amount of research, much of which has involved minorities, has been funded for the study of social problems. In government agencies, reliance on peer review by Insider social scientists may perpetuate the limitations within the academic disciplines. Generally there is no more interest within granting agencies than within university administrations in allowing minority communities to participate actively in the research that concerns them.

Like university administrators, funding agencies have been caught in controversy surrounding the research they have funded. Responses have varied. In a private foundation an intensive campaign by minority group representatives appears to have contributed to the abandonment of all research of the type funded and a program-oriented redirection of efforts directly on behalf of the minorities. In a Federal agency a few minority staff members met with failure in their attempts to sensitize bureaucracy to the need for special procedures in grants that involved minorities. After community protest, however, backed

by a hint of political challenge, new guidelines were developed for the grants in question. The guidelines, which took the interests of minorities into account, shifted the structure of the research in the direction of the equality revolution.

Neither public nor private granting agencies operate in a vacuum. Minority staff members of such agencies, many of whom are personally committed to change, talk to one another. Every incident has repercussions which carry over to other agencies. The potential effect of the granting agencies, of course, is enormous. Effective Federal guidelines regarding the rights of research subjects have been developed, but such guidelines have not been the products of the funding agencies themselves. Rather they have emerged in the interaction between funding agencies and other elements in the set. Not only public controversy or private pressure, but the success or failure of the research may be at stake. If minority boycott jeopardizes research, it is clear that funding agencies must act. No agencies will continue to fund projects that cannot be carried out.

Minority "subjects"—These illustrations also indicate that the biggest change in the research organization set has been in the behavior of minority subjects. The minority "subjects" have begun to move to the status of actors in the research process.

The astonishing lack of systematic sociological interest in this phenomenon is partly explained by our poor preparation to handle the omniscience and neutrality dilemmas. There is no documentation of most cases and little professional consideration of this change which is affecting our activities. There is much professional gossip, which may indicate the depth of the racial cleavage and the impotence of the professional conscience that is divided between liberalism and professionalism. Through gossip, moral values tend to be informally and factionally allocated to selected actions, but there may be no consensus over this allocation.

But the lack of analysis is also explained by the diversity of the minority people who become active and by the diversity of the roles they play. "They" are not easily labeled and they do not play by "our" rules or for "our" reasons. "They" appeal to the funding agencies. "They" threaten to block studies in the field, or force modification in the direction and staffing of research projects. "They" enter meetings of professional associations—sometimes, without invitation. "They" may include individuals with a direct concern in the topic being studied, e.g., the representatives of tenants' groups in a study of minority housing or representatives of women's groups in a fertility study. But "they" may also include individuals with no apparent special interest and "they" may even call in their elected political representatives.

In part the diversity of the minority actors and of their roles stems from the fact that members of minority communities (as do university administrators and funding agencies) often react in differing ways to projects after research is in progress. Therefore, the roles of members of minority groups vis-a-vis researchers tend to be conflict-oriented, and the minority actors tend to be the "strongest" warriors who can be found. Their reasoning tends to be: "Since the researchers did not think about our concerns at the beginning, we are forced to take every means to make them listen to us now—so that we can get something out of this study that will benefit our community."

It is easy for the academic to label something he does not understand as "political"—a label redolent of censorship and restriction on free inquiry. It allows the sociologist to assume that all intellectual initiative depends upon him. Of all these consequences the worst is that the sociologist begs the dilemma of omniscience by labeling "political" those actions that he does not understand or with which he disagrees. At the same time this labeling obscures the truly political nature of academic activity and does not come to terms with the issue of neutrality.

Clearly we cannot ignore some of the political effects of academic research concerning minorities. Numerous studies have been performed, and their findings never put to use; they have provided only employment and legitimation for academics and for contracting agencies.

Second, research findings have been misused to exclude minority groups from participation in programs affecting their welfare. A gloss of academic research legitimated the funding of dozens of narcotics programs which have proved to be unsuitable for (and unused by) minority addicts. Meanwhile black and Chicano groups of addicts find it difficult to get funding for programs utilizing their grass-roots expertise.

Third, research that excluded minority expertise has been used to develop criteria which have proved detrimental to the operations of programs in minority areas. "Hard core" youth programs, in particular, have been handicapped by inappropriate criteria developed from overgeneralized research.

Fourth, another aspect of politicization, and the most publicized, appears in situations where pervasive institutional racism is most important in impeding progress: for example, in academic research on the motivational patterns of minorities. Such research often has minimal or negative implications when put into action. The process of "blaming the victim" has often been the consequence of such research. Studies of family motivation are still underwritten, pursued, and published in the hope that public school failure has an explanation somewhere outside the public schools. At the moment, simply to announce funding of such a study is a political act for the minority communities.

Fifth, academic research has sustained stereotypes and even generated them, impeding minority efforts at a meaningful self-definition.

Sixth, in the study of minorities academic research has omitted significant variables. This omission is serious; the effect is somewhat as if we tried to explain the behavior of women entirely within a Freudian framework.

This list of consequences of research about minorities is not intended to serve as a basis for blanket indictment of all such research. Instead this list suggests that "politicization" and the consequences of the research is a complicated phenomenon.

Minorities compared with other nonuniversity publics—There are other nonuniversity publics and some of them possess power which can be used to crush research. Law enforcement agencies, for example, are always interested in poor people and researchers are vulnerable to the activities of law enforcement agencies.

The actual or threatened interference by major power structures must be distinguished from the protests of minority groups. Minority groups request participation and, if the consequences or methods of the research are destructive, threaten boycotts. But

it seems to me that most often the real damage to sociology from such actions is the direct challenge to our claims that we are omniscient, neutral, and helpful.

The label "politicization" is inappropriate for the concept of participation of minorities in the research process. Ideally their *participation* should be a collegial relationship at every stage, from the initial conceptualization through utilization of the research. When the minority's participation is resisted by other elements in the research set, then the actions of minorities become political. By contrast, the participation of other non-university publics much more readily devolves into interference.

Implications for professional associations—Academic sociologists concerned with minority research have been constrained from taking advantage of the social and cultural changes that are challenging their knowledge of systems. An analysis of what I have called the "research organization set" demonstrates that each element can be moved in the direction of change—and that a change in one element *would* produce a change in the others. The question for the activist is how to promote such change. It is possible that the professional associations should be involved.

No unit in the organization set is more capable of releasing the creative energy of sociologists by redefining "professionalism" than the professional associations. Professional associations are the main battleground of minority caucuses. Of course, resolutions passed by professional associations have no power over individual sociologists or departments, but the airing of controversies and the participation of minority sociologists create an element of great influence.

Implications for Departments of Sociology—The 1970's have brought changes in the market for academic sociologists. Ph.D's are becoming more difficult to place. Many departments are beginning to consider policy-oriented or practitioner education. This shift offers an opportunity to develop structures that are concerned not only with minority research but with research on social change. In the past, many sociologists felt it necessary to place scholarly needs in a position of priority, while attempting in an undercover fashion to meet social needs through their research. Alternatively, many sociologists sought funding under the rubric of "national need," e.g., "mental health," while their professional goals were almost entirely scholarly. This kind of splitting of the sociological role is not only unnecessary but wasteful. Inclusion of consumers of research findings in training and research, along with a shift in the concept of professionalism, may once again jog academic sociology into a creative phase.

One final statement. I have delineated some grounds for expansion of the knowledge base within the field of minority studies and within sociology itself. This expansion has become crucial inasmuch as political and demographic trends, by their impact upon the university, are jeopardizing conventional academic sociology.

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Who Should Do Minority Research?

Neilson F. Smith

Two compelling needs confront the social work profession with respect to the ethnic minorities: increased research on minority matters, and expanding the number of well-prepared researchers drawn from minority groups. Efforts to deal with these two requirements are poorly served, however, by some of what is being said about who can, should, and will be permitted to do research in the minority group sphere.

There are those who advance the position that valid research into ethnic minority concerns can only be done by minority researchers. This assertion might be acceptable temporarily as a step toward an increased supply of minority researchers and enhanced conditions for minority people. That is not the rationale given for holding this position, however. It is claimed, instead, that nonminority personnel are incompetent to do research on minorities simply by virtue of their nonminority status.

Certain Assumptions

The position that competent research into minority affairs can only be done by minority investigators appears to be based on a set of assumptions which embrace at least the following points: Valid minority research requires a researcher personally and intimately acquainted with a minority culture; minority affiliation is essential to preclude biases and blind spots that would distort results; and minority status is necessary to gain entry to and acceptance by a minority community. Related to these assumptions is the argument that racism is so rife in nonminority society that no researcher from its ranks could objectively approach minority matters.

It may be useful to examine the viability and implications of these assumptions. The notion that minority status is a mandatory credential for entry and acceptance in minority communities may have a great deal to be said for it. Minority communities should have the prerogative of determining whom they will permit to do research in their midst. If they adopt a policy that no nonminority scholar will be permitted to undertake scientific pursuits in those communities, this stance must be respected. It may be, however, that community control that does not totally reject nonminority researchers may offer a partial solution to the issue.

The first two assumptions might be used to support a counterargument that only nonminority researchers are competent to do minority research. It could be asserted that total immersion in a minority culture would mitigate against the requirements of empirical investigation, and it is reasonable to suppose that the minority researcher would be no more free of intrusive biases than the nonminority investigator. Moreover, the simple fact of belonging to a minority group is no assurance that one possesses special knowledge of that culture having utility for research.

Another complexity is imbedded in the position that competent research in the minority sphere can only be done by minority researchers. Does it mean that relevant research on minorities requires a researcher affiliated in each instance with the particular minority population under study? If so, it would be necessary to train a proportionately equitable number of qualified researchers from each of the

minority groups. And only blacks would do research on blacks, Chicanos on Chicanos, Indians on Indians, and so forth. On the other hand, the argument that simple minority status is the essential thing seems to vitiate the assumptions about intimate cultural familiarity and a bias-free condition. It is unlikely that a Chicano, for example, will be intimately acquainted with the life of the black minority or free of bias about its members.

There is no denying that racism is a pervasive, destructive, and virulent reality in American society. It is also true that racism, with its distortions of perceptions, attitudes, and values, is a potential pollutant of minority research. To the degree that the scientist has absorbed racist notions and has not discarded or learned to control them, these notions can intrude into and corrupt his work. An attribute essential to the truly competent researcher is self-awareness and a readiness to subject what he brings to the study situation to critical examination. Self-understanding is another means of reducing the effects of racism.

Background of the Problem

Several factors and forces have contributed to the development of a hardline stance on minority research that appears to be dysfunctional for both the minorities and the knowledge-building process.

One factor is that minority group people have been thoroughly researched with no benefit accruing to them or their communities. It is claimed that an endless parade of researchers have exploited them for rewards important to the scientist but of no value to the people studied. There is substantial merit to this claim.

The minority communities seldom, if ever, have had any part in the selection of the research subject matter, in the determination of procedures, or in other decisions involving the lives of the people. Much research of this type contributes nothing to the community. These are some of the criticisms directed at research which, incidentally, can be adjudged good by scientific standards because it is soundly designed and well executed and generates something useful. Much more vigorous are the complaints about research activities perceived as not good by any standards. Among the latter are the studies that fail either to comprehend or respect the values of a culture group different from that of the investigators and research in which cultural phenomena are labeled deviant although they are perfectly natural for the milieu in which they are observed.

The minorities are justified in their unwillingness to tolerate more of the same. It is understandable, although regrettable, that overreaction to the minorities' research history has led to certain excesses that benefit no one. One such excess is adoption of the position that minority researchers alone are capable of undertaking research that can have meaning and utility for minority people. That stance is counterproductive and unnecessary. There are alternative approaches to assuring that research serves the minorities instead of the reverse.

Alternative Solutions

As more minority researchers are produced, presumably many of them will undertake research in relation to minorities. Others, however, will have different interests and should be free to pursue them. One hopes that social pressures will not confine minority in-

vestigators to the study of minority issues.

If the present social climate were to make it impossible for nonminority researchers to engage in minority research or, if they do, for the products of their efforts to be viewed dispassionately according to intrinsic worth, it would mean a substantial loss of knowledge-building. In addition, the process of enlightenment that must precede comprehension and resolution of the difficult problems confronting minority people would be severely retarded.

If the militant, political stance toward nonminority participation in minority research could be set aside, two principal sets of circumstances should permit such research to move ahead. One set is comprised of the controls and safeguards that science imposes on itself. The investigator has tools to minimize misperceptions, invalid conclusions, distortions introduced by, and the like. He has the means, or can devise them, for collecting, processing, and manipulating relevant data, and he has the capacity for analyzing them objectively. The researcher also has the rules of science to guide him in the proper conduct of a study and to help him in making ethical determinations, selecting the appropriate issues for investigation, designing the study process, and evaluating and utilizing the results. These and other elements of the scientific method, although not infallible, should equip the trained researcher to undertake disciplined research in any sphere, including that of the minorities.

Nevertheless, much of the research done in minority communities, regardless of its quality from the standpoint of science, has had little relevance or utility from the standpoint of the communities' people. But among most ethnic minorities there has emerged a determination to control their own affairs and destinies. This determination can be linked with the processes of scientific investigation for the purpose of preventing research abuses and advancing the course of responsible knowledge-building that will serve minority people.

Minority communities can establish mechanisms for controlling whatever research is undertaken in them. It should be possible to develop procedures that would assure the protection and advancement of community interests and would, at the same time, allow for the scientific integrity of research efforts. There are other ways in which the researcher can be "kept honest" in minority research. Community leaders can assure that the researcher makes use of representatives of that culture to assist him in understanding the phenomena with which he is dealing. They can also ascertain if he has acquired the essential degree of knowledge of the culture group in which he intends to undertake a project.

Although minorities have good reason for rejecting much minority research of the past, alternative corrective measures could make it unnecessary to limit such research to minority investigators.

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Lend Me Your Ears: Racial and Sexual Factors in Helping the Deaf

Stephen Thayer

There are over 2 million people in the United States with severe hearing disorders. Although there are many studies of attitudes toward the deaf and of deafness relative to other disabilities, we have no systematic knowledge about behavioral responsiveness to the deaf. This study examined one kind of social encounter between hearing adults and young deaf adults.

The subjects were 160 pedestrians who passed through the upper level of Grand Central Station in New York City. Eighty black individuals and 80 white individuals were approached, 40 males and 40 females in each group.

There were four confederates between the ages of 19 and 21: a black male, a black female, a white male, and a white female, each playing the role of a deaf student. A conspicuous hearing aid was worn with the connecting wire loosely placed in the collar. All were dressed in neat and clean clothes and carried several textbooks. Each confederate approached 40 subjects: 10 black males, 10 white males, 10 black females, and 10 white females.

The confederate approached the subject from a side angle, pointed to a large handwritten message on the notebook page, and held out a dime. The message said, "I am deaf. Could you please help me? Dial (phone number) and just ask if Harold will pick me (Carol, or John) up at school. Thank you."

Female assistants answered the telephone if the subject called, said they would give the message, and if there was concern, assured the caller that the confederate would be picked up at school. At the end of the conversation the assistant thanked the caller for his or her help. Those subjects who made the call invariably indicated to the confederate that he or she would be picked up. The confederate received this news with nods and smiles.

Despite reports of isolation and apathy in contemporary urban environments, the dependent deaf confederates were helped by 55 percent of the individuals they approached.

Further evidence of the sincerity of the helpers and the effectiveness of the "deaf" manipulation is attested to by the fact that helpful subjects often offered to wait with the confederate. Also, in the second session a few of the helpful subjects from the first session saw the confederate again and offered unsolicited help; these persons were not included in the analysis.

Males did not give significantly more help than females, and dependent females did not receive significantly more help than dependent males.

Blacks and whites did not differ in help given, although whites received significantly more help than blacks. Neither black male nor black female subjects differed significantly in help given to black versus white deaf confederates. Similarly, neither white male nor white female subjects differed significantly in help given to black versus white deaf confederates, although there was some tendency for both to help blacks more than whites.

Several studies have reported that males tend to help dependent females more than dependent males, probably because dependency is seen as more sex-role appropriate behavior for fe-

males than males. Although both black males and white males did give significantly more help to females than males, the results of this study show that when males gave help to individuals of their *own race,* they gave significantly more help to the female than the male. When males gave help to individuals of the *other race,* males and females were helped equally.

White males—There was no significant difference in help given to the black male versus the black female, but they did help the white female significantly more than the white male. Further, although they did not differ in help given to females as a function of race, they gave significantly more help to the black male than the white male.

Black males—There was a marginal tendency to help the black female more than the black male, but there was no significant difference in help given to the white male and female. Further, they did not differ in help given to females as a function of race, they did not differ in help given to the black male and white male.

Examining results for female helpers of both races shows that blacks and whites and males and females were helped equally. The situation for females, however, was quite different from males, in that help was almost completely independent of the relationship between the female helper's race and the race of the dependent males and females: When females gave help to individuals of their *own race,* sex was not a critical factor. When females gave help to individuals of the *other race,* sex was not a critical factor for white females but was critical for black females.

Black females—Although there was no difference in help given to the black female versus the black male, the white male was helped significantly more than the white female. Further, the black males and white males were helped equally, whereas significantly more help was given to the black than the white female.

White females—There was no significant difference in help given to the black female versus the black male or the white female versus the white male. Similarly, there was no difference in help given to the black male and white male or the black female and white female.

An ingratiation hypothesis would predict that females help males more than females and that there would be more cross-sex helping within the same race. The fact is that females did not respond on the basis of ingratiation or racial and sexual similarity. Speculation about the unique behavior of the black females (who helped the white male and black female while relatively slighting the white female) might consider special sympathy to someone like themselves, a black female, lowest in the hierarchy of racial and sex-role liberation, and possible bias against white females. In contrast, no such bias appeared when females, black or white gave help to males.

In conclusion, there was no single explanatory concept capable of accounting for the pattern of differences observed. Rather, different combinations of racial and sexual perspectives were necessary to account for the behavior in each condition.

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Voluntary Associations and Minority Status: A Comparative Analysis of Anglo, Black, and Mexican Americans

J. Allen Williams, Jr., Nicholas Babchuk, and David R. Johnson

There is evidence that participation in voluntary associations enhances the likelihood of voting and participating in the polity. Furthermore, groups can be more effective in bringing about social change than can individuals working alone. Several studies have pointed out that members of the working and lower classes who become involved with voluntary associations, and who remain affiliated, acquire social skills highly useful in bringing about reforms. Also, social participation in associations produces a more favorable self-image and decreases feelings of powerlessness and isolation.

Given these consequences of participation in voluntary associations, it's important to know who participates and why. Some of the answers to these questions are already known. However, some aspects of participation are not clear. The literature related to the extent of participation among minorities is confusing. One set of studies indicates that black Americans are less likely to belong to voluntary groups than whites. Several other studies have reported that black people are more likely to participate than whites. Many investigators claim that Mexican Americans seldom belong to voluntary associations. Others have disputed this proposition.

Reasons given for the limited participation of minority groups fall within what might be called "isolation" theory. The argument is that these persons do not participate because they are not integrated into the society. In addition, minority persons may be barred from groups because of their ethnicity. While these reasons apply equally to black and Mexican Americans, an additional argument maintains that Mexican American culture inhibits joining voluntary groups because the culture emphasizes loyalty to the home and family.

Suggestions given for active participation by minorities can be subsumed under the heading of "compensatory" theory. The contention is that those in lower status positions affiliate and participate in voluntary associations for prestige, ego enhancement, and achievement restricted or denied them in the larger society. An alternative thesis to account for active participation is called "ethnic community" theory. Those in a given ethnic community develop a consciousness of each other and hence cohesiveness because of pressures exerted against them by outsiders. For example, Polish Americans organized such groups as the Polish Roman Catholic Union and Polish Falcons, and Italian Americans formed the Mazzini Society not only to maintain ethnic identity and help immigrants assimilate, but as pressure groups. In other words, through a sense of ethnic community, minority members form groups to deal with an alien environment and problems forced on them by the majority.

Isolation and cultural inhibition theories posit that minorities rarely participate in voluntary associations, while compensatory and ethnic community theories suggest that these characteristics generate much participation. The purpose of this paper is to provide data related to these contradictory theories.

The data were collected in 1969

and 1970 in Austin, Texas where the majority of black and Mexican Americans are confined to low-income ghettos and barrios. A sampling problem was locating Anglos comparable to the minority persons. After preliminary testing, the procedure was to randomly select households from all city blocks having an average rent of less than $50 or the equivalent in housing value. This method provided sufficient variation within ethnic categories on the control variables while at the same time producing enough minority group members for data analysis.

An information interview was used as the data-collecting instrument. Trained interviewers were used who were familiar with the city's low-income areas and whose ethnic descent matched those they interviewed. Many interviews with Mexican Americans were conducted in Spanish, and black interviewers were given freedom to "translate" the wording of interview questions into the language of the ghetto. Using this procedure more than compensated for the possible lack of comparability in phrasing that might have ensued from a totally structured interview.

Respondents were interviewed in their homes. The sample included 147 married household heads, their wives, 16 unmarried male heads, and 70 unmarried female households heads, yielding a total of 233 households and 380 respondents.

The data show that black men and women have higher rates of participation than their Anglo counterparts. Mexican Americans, regardless of sex, have lower rates than either Anglos or blacks.

These findings do not support isolation theory. On the contrary, they show that black people have a significantly higher rate of participation in associations than Anglos; this difference is not due to education, occupation, length of residence in the city, presence of young children in the home, home ownership, age or being head of a household.

Cultural inhibition theory posits that minority-group culture contains values, norms, and beliefs which differ from the Anglo-American majority and which tend to prevent social participation in voluntary organizations. Our findings indicate that Mexican Americans are not significantly different from Anglos in social participation once certain structural (not cultural) variables are taken into account.

Compensatory or ethnic community theory or both are supported by the findings. It is not clear whether compensatory theory is more salient than ethnic community theory in explaining participation or whether the two theories complement each other.

It is possible that a particular voluntary association can fulfill both compensatory and ethnic community needs. For example, an individual can gain a sense of importance or ego enhancement from participating in an association designed to combat racial discrimination. However, some organizations may be more directed toward fulfilling compensatory needs (e.g., a social club); whereas others appear almost entirely directed toward changing aspects of the larger society (e.g., a pro-ethnic organization).

The percentages of black Americans belonging to different associations show no clear pattern of belonging primarily to "compensatory" or to "ethnic community" organizations. Social clubs, fraternal organizations, and recreational groups which might be thought of as emphasizing compensatory needs have about the same per-

centages belonging as do such possibly ethnic-community-oriented associations as pro-ethnic groups, neighborhood improvement organizations, and job-related associations. Church-related groups might be considered compensatory; such organizations can serve as a source of self-esteem, emotional expression, and respectability. However, numerous black churches, especially those in urban areas, have operated as focal points for social action. Belonging to the P.T.A. (in this sample this includes 88.9 percent of black women with school-age children!) supports the compensatory explanation to the extent that education is perceived as a means toward upward mobility. It is plausible that the interest in education also indicates a strong concern for the welfare of the ethnic community.

In the Southwest, Mexican Americans appear to be subject to discrimination similar to that which characterizes blacks in all parts of the United States. On this basis, it seemed possible that Mexican Americans might react to discrimination similarly to blacks and that the pattern of affiliating with groups might be parallel for the two groups. However, blacks have a significantly higher rate of participation in associations; and the pattern of affiliation differs as well. Unlike black Americans, respondents of Mexican descent tend to concentrate in two organizations, church-related groups and the P.T.A. And, these two organizations are difficult to characterize as emphasizing either compensation or ethnic community to the exclusion of the other. Some might argue that participation in church-related groups associated with the Catholic Church in the Southwest is almost exclusively compensatory. However, even if research bears them out, Mexican American membership in the P.T.A. could express concern for the welfare of the Mexican American community as a whole.

It is reasonable to conclude that removing the socioeconomic disparity between Anglo and Mexican Americans would result in a Mexican American participation rate in voluntary associations equal to that of Anglos. Black Americans, on the other hand, have a significantly higher rate of social participation than Anglos. A problem for research will be to explain the different rates and patterns of affiliation between black and Mexican American minorities. A possible key to this difference may be a difference in the extent to which minority individuals perceive themselves and their group as objects of collective discrimination. Some black Americans seem to have gained a sense of ethnic community, black consciousness, which has led to action-oriented social participation.

It may be too late to study most European-linked minorities. For example, Greek and Italian Americans have become largely assimilated and acculturated into the larger society. We can only speculate that at one time compensatory and ethnic community needs played a major role in hastening this process. However, compensatory and ethnic community theories lend themselves to test in the case of several visible minorities, apart from blacks, existing in society today.

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Dialect Barriers to Reading Comprehension Revisited

Kenneth S. Goodman, with Catherine Buck

Much has been written in recent years on the possible influence of dialect differences on learning to read. A considerable amount of the momentum for this interest comes from the fact that speakers of low-status dialects of English have much higher rates of reading failure than high-status dialect speakers. Analyses suggest that the problem in reading acquisition *could* be due to mismatches between the dialect of the learner and that of the writer.

In fact, I hypothesized some years ago that there would be a direct relationship between the degree of dialect divergence and success in learning to read. But several years of miscue research has convinced me that the hypothesis, at least as it applies to dialects spoken by white and black urban Americans, is untrue.

I offer this new hypothesis:

The only special disadvantage which speakers of low-status dialects suffer in learning to read is one imposed by teachers and schools. Rejection of dialects and confusion of linguistic difference with linguistic deficiency interferes with natural reading acquisition and undermines the linguistic self-confidence of divergent speakers.

Simply speaking, the disadvantage of the divergent speaker comes from linguistic discrimination. Instruction based on rejection of linguistic difference is the core of the problem.

Miscue Research

For almost 10 years my associates and I have been studying the reading process among urban kids in the Detroit arrea. The oral miscues of subjects reading a complete selection, which they haven't seen before and which is sometimes difficult for them, are analyzed in order to get at the reading process. A miscue is any observed response (OR) which differs from the expected response (ER) to the text. More than half the subjects in our studies are black.

We soon became aware that the expected response in oral reading is not an exact single response but a range of responses which depends on variability among the subjects in their oral language. Dialect differences must be considered in judging whether a particular response (OR) is within the expected range. But even within dialects, considerable variation must be expected.

With our insights into the variability in ERs we became aware that all dialect difference that was purely phonological (a matter of pronunciation alone) was within the expected range for the readers being studied. Therefore, we no longer count as a miscue any OR that is simply a phonological variant in the reader's dialect of the printed word or phrase. What that means is that only miscues that involve inflection (mostly word endings), grammar, or vocabulary will be found in our data.

Before leaving this matter of phonological dialect differences, I want to emphasize that teachers have tended to confuse attempts to change the speech of young learners with teaching them to read. This is, of course, not wholly the fault of teachers. The basal readers and other materials the teacher uses have frequently ignored all dialect difference.

Exercises are provided by which *pin* and *pen,* for example, are treated

as if they have contrasting vowel sounds. They do in some dialects, mine for one. But they don't in many others. Teaching pupils who do not use this difference in their dialects to hear and produce it (a more difficult task), can have no effect on their learning to read except to introduce discomfort, uncertainty, and lack of linguistic confidence.

Furthermore, spelling is standardized across dialects of English, and phonics programs based on single acceptable pronunciations are simply ethnocentric.

Urban kids who speak low-status dialects have a linguistic advantage over speakers of higher status dialects which can work for them if teachers are aware of it; they build an ability to understand the dialects of others in their community. This acquisition of receptive control over other people's dialects is a simple matter of survival. If you don't understand what teachers, policemen, store clerks, TV announcers, and other high-status people are saying, you can be in big trouble. This does not mean that divergent speakers learn to talk like the teacher; that involves productive control. But it does mean that what they find in print is not as hard for them to deal with as we once thought.

Dialect-involved miscues represent a shift on the part of the reader to a surface representation which fits his own dialect rather than the writer's. In a recently completed study of readers at low, average, and high proficiency levels in second, fourth, sixth, eighth, and tenth grades we found that no reader in our study is totally consistent in these dialect-based shifts. These dialect studies show that dialect contrasts are not sharp and discrete among urban speakers, but show up more as a matter of preferences for certain alternatives.

In our research, dialect variations among the subjects are considerable between and within racial groups. Only a small number of subjects in the study, however, produce any notable percentage of miscues involving dialect. Furthermore, in every grade-proficiency group but four there are some subjects that produced dialect miscues.

All but one of the subjects with more than 10 percent dialect miscues are black. But there are many black subjects with few dialect miscues and others with none. And there are white subjects with dialect-involved miscues.

Seven subjects among the total of 94 in this research showed more than 20 percent dialect-involved miscues. All are black and they are distributed evenly among grade levels in average and low proficiency groups; none are in high proficiency groups. Black speakers in the high proficiency groups tend to do little dialect shifting in their miscues.

Those subjects with high dialect involvement tend to be more consistent in oral reading in using certain features of a black English dialect. The most common kind of dialect shift involves changes in inflectional endings. The dialect features which occur most commonly are:

1. Use of null form of past tense morpheme: look/looked, call/called, wreck/wrecked.

2. Use of null form of plural noun morpheme: thing/things, work/works, story/stories.

3. Use of null form for third person singular verbs: look/looks, work/works, hide/hides.

4. Use of null form for possessives: Freddie/Freddie's, Mr. Vine/Mr. Vine's, one/one's, it/its.

5. Regular present for past irregular forms: run/ran, have/had, keep/kept.

6. Be form substitution and deletion: was/were, is/are, we/we're, he be talking/he'd been talking.

7. Some readers tend to overcompensate for their tendency to delete *ed* with a resulting confusion over past tense forms. This produced: likeded/liked, helpeded/helped, stoppeded/stopped.

These dialect miscues are much more common than more complex transformations of grammar or substitutions of preferred terms. These other kinds of dialect miscues, though they occur, are rare.

Here are some examples of less common miscues with dialect involvement:

OR We got to tell.
ER We've got to tell.

OR A word what sounded good.
ER A word that sounded good.

OR He didn't have to worry.
ER He was not to worry.

OR hisself.
ER himself.

We chose one story for the study written by a British author which created dialect mismatch for all the subjects who read it and shed light on the phenomenon of dialect shift from a different direction. For instance:

OR headlights
ER I switched off the headlamps of the car.

OR minute
ER Stop. Wait a moment.

OR around
ER Look, could you come round at once?

These examples are produced by many readers with dependability. The phonological systems of the readers and the author, of course, differ far more radically than either their grammatical systems or their choices of lexical items for the same ideas.

The author tends to use certain adverbs without *-ly* that our American subjects add to fit the constraints of their dialects. *Quick* is read as *quickly. Quiet* to *quietly.*

Old "usage" problems pop up in the story: *lying* is changed to *laying; lay* to *laid.*

British idiom leads to some other difficulties:

"He rang off," a British alternate for "hung up," produces four miscues. Two move to *ran off.*

Clearly, written English is not a single dialect, and the possibility of producing dialect-involved miscues depends on the writer as well as the reader. Nevertheless, shifts in dialect in oral reading are less likely to occur than might be predicted from the speech of the readers. To get a comparison, we listened to the recorded retelling of the story by each reader who produced no dialect-involved miscues.

The retellings reveal several facts of great interest. Of the 30 in this group, 12 use a dialect other than the author's in recounting their own versions of the stories. These readers include the full range of grades and proficiency levels as well as both blacks and whites.

Some of the most interesting examples of bidialectalism in retelling come from proficient black readers who show no dialect miscues in oral reading. They produce *embedded questions:*

They asked Harry did he really see it in the first place.

He called the doctor a few names and asked him was he calling him a liar.

alternate verbal constructions:

If I had wrote it, I'd have done it that way.

Andrew had bend over the crib.

and *double negatives*:

He said "physiolical" and no baby never said that before.
He didn't do nothing right there.

Shifts from the author's to the reader's dialect in oral reading occur among most of the readers in our study. They are never entirely consistent: The reader who tends not to produce *-ed* forms will produce some. Evidence of dialect in oral reading is less likely than in the subject's oral retelling; in fact, some readers with no dialect-involved miscues show divergent dialects in retelling.

Less proficient readers show more dialect involvement, but we have no clear cause-effect evidence. Our study shows that black speakers of low-status dialects can be proficient readers. It does not show that dialect difference or dialect rejection is *not* a cause of difficulty in learning to read. But the most important thing to understand about dialect is that dialect-involved miscues do not interfere with the reading process or the construction of meaning, since they move to the reader's own language.

Low-status urban speakers learn to understand dialects other than their own in the larger community—that is, they acquire receptive control over these dialects, though they may never change the way they speak. The readers in our study appear to have receptive control of the dialect of the author, judging by their own dialect, and to process forms foreign to their own dialects as they read.

What, however, would be the result of teacher rejection of the dialect-related miscues? We have one example in the tendency of readers to insert *ed* endings on all past tense forms: smileded, drownded, askeded. This is the result of teachers admonishing readers to "be sure and sound out the ends of words." The unnaturalness results from the reader atempting to produce forms inconsistent with his own dialect rules.

In fact, rejection or correction by the teacher of any dialect-based miscue moves the reader away from using his own linguistic competence to get to meaning toward a closer correspondence to the teacher's expected response to the text.

We know that highly proficient readers produce few dialect-based miscues while reading with high comprehension. But the appearance of greater accuracy is the result of proficient reading and not its cause. In encouraging divergent speakers to use their language competence and accepting their dialect-based miscues, we minimize the effect of dialect differences. In rejecting their dialects we maximize the effect.

Rejection, then, and not dialect differences, is the problem educators must overcome to remove the school imposed disadvantage.

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Desegregating Health Statistics

Milton Terris

The question of segregation in health statistics first came to my attention when an internist, in Puerto Rico, asked: "Why do you always present data on white and nonwhite, on white and Negro, on white and black? In Puerto Rico, we present data on Puerto Ricans, not on white Puerto Ricans and nonwhite Puerto Ricans." I stammered out an answer, but it convinced neither him nor me.

More recently, in going through the United Nations' Demographic Yearbook for 1970 for data on expectation of life, I noted that the Union of South Africa, which pursues a policy of apartheid, provides data for three racial groups: Asiatic, colored, and white. The United States does not.

Yet, in its domestic publications, the United States provides separate data for whites and nonwhites. For example, the United States Life Tables for 1959–61 provide life tables for the total population, total males and total females; for total whites, white males and white females; and for total nonwhites, nonwhite males and nonwhite females. For each of the 10 geographic divisions of the United States, however, life tables are given only for 4 groups: white males, white females, nonwhite males, and nonwhite females. For metropolitan and nonmetropolitan areas in the United States, life tables are given for the total population and for the four color-sex groups; there are none for total males and total females.

The United States Life Tables for 1962 through 1968, on the other hand, do include data for total males and females in addition to total white, total "all other" colors, and the four color-sex groups. It appears, therefore, that the four color-sex groups have priority; wherever, for reasons of economy, something has to be sacrificed, it is the data for all males and all females, not the data for the color-sex groups.

In the source volumes on Vital Statistics Rates in the United States for 1900–1940 and 1940–1960, there are few tables which do not provide separate data, by "race" in 1900–1940, and by "color" in 1940–1960. The former volume also includes an interesting piece of information: From 1932 through 1934, Mexicans were classified as nonwhites. More significantly, it also includes a statement on the use of racial classifications:

> The classification of mortality and natality data by race is difficult, and the results tend to be ambiguous and incomplete. No practicable and acceptable ethnological classification has been developed for vital statistics . . . . The classification of deaths into white, Negro, Indian, Chinese, Japanese, and "Minor races" is used in the vital statistics reports for the United States. Owing to the lack of a precise definition of race and of exact information regarding race on the birth and death certificates, any further attempt to subdivide by race results in a confusion with the concepts of nationality, country of origin of parents, or other characteristics.
>
> Since vital statistics for the United States are tabulated into very coarse racial groups only, a few deaths are reported that cannot be classified. For those that are registered without a racial designation, it has been the practice to make an inference regarding the probable race from the stated place of birth, name, et cetera. No "unknown race" figures are given for this country. . . .
>
> It is easy to overemphasize the value of a racial breakdown for mortality and natality statistics. . . . Very little evidence exists to show that observed differences in mortality for various racial groups are due to inherent racial differences. Race is not independent of other factors, and the economic, social, and medical circumstances of one racial group may be quite different

from those of another . . . . This observation applies to the interpretation of data classified by any other characteristic, but it is particularly important in the case of racial classification.

Nevertheless the Department of Health, Education, and Welfare published a report on White-Nonwhite Mortality Differentials in the United States in 1965 which concluded with the following statement:

The differentials in mortality between the white and nonwhite populations are the end-product of a multidimensional problem. The many facets include hereditary factors, the distribution and availability of medical facilities and services, socioeconomic factors which affect the utilization of available medical services, and the personal motivation to achieve a state of positive health.

This statement was subsequently challenged by the Council of the Medical Care Section of the American Public Health Association.

International Comparisons

The practice of comparing "whites only" for the United States with the total population of other countries is completely indefensible from a scientific point of view. Infant, as well as total, mortality is closely related to social class; the highest rates occur among unskilled laborers and the poorest sections of the population. It is well known that nonwhites do the heaviest labor and have the lowest incomes. If one removes nonwhites from the United States data in making international comparisons, then one should also remove a substantial portion of the population with the highest mortality rates from the data for the other countries. Failure to do so renders the comparison invalid.

The separation of American health statistics into basic categories of white and nonwhite is a reflection of our heritage of racial segregation. Just as nonwhites are housed in ghettos in our cities, so, as a matter of accepted routine, are they placed in statistical ghettos. The white-nonwhite dichotomy is indefensible on scientific grounds, since the groups included in the nonwhite category have widely divergent mortality rates.

The confusion is further compounded by the official designation, within the nonwhite group, of Chinese and Japanese as separate races; these are clearly not races but nationalities. The designation of Mexicans as nonwhites in 1932 through 1934, and the change from "race" in the 1900–1940 volume on Vital Statistics Rates in the United States to "color" in the 1940–1960 volume, indicate that the designations and categories are shifting and unstable, reflecting political pressures instead of scientific procedures.

If the United States, sensitive to international opinion, reports its natality and mortality data to the United Nations only for the population as a whole, without reference to race or color, then the climate of domestic opinion can achieve the same result for domestic reports.

There are many people who are concerned that the lack of mortality data classified by race will handicap us in our attempts to emphasize the need for greater attention to the health problems of nonwhites and to measure the success or failure of efforts to solve those problems. Unfortunately, such views merely reflect an acceptance of racial separatism. May we not, instead, look at mortality by geographic areas in our States, and by census tracts in our cities, and try to change the situation in the areas of high mortality without regard to the color of their inhabitants? May we not, instead, think of solving the health problems of different economic, occupational or educational levels of the population, again with-

out regard to skin color? We shall be at least as effective, and probably more so, if we take this approach. Services will be provided to areas or districts on the basis of health needs as determined by the statistical data for these geographic entities, and they will be available to all residents without regard to race or color. Evaluation will be on the same basis.

A further objection may be made by some epidemiologists that failure to provide data on morbidity and mortality by race may impede the progress of epidemiologic research. The reasoning here is that differences between whites and nonwhites may provide important clues for further investigation. If one accepts this approach, then one should favor the development of basic categories of the population for health statistics along two major axes which have proved to be far more important for the progress of epidemiologic science than color. These are: occupation and religion.

It is a curious fact that the United States has never followed the British practice of providing a decennial analysis of occupational mortality. Only once has the United States undertaken a comparable set of studies, for the year 1950; this resulted in a useful series on mortality by occupation, industry, and occupational class. Unfortunately, it was not repeated. Yet it contained valuable information which has provided significant clues to epidemiologists and has identified specific high-risk populations for public health action.

Religion has also proved to be a valuable marker for epidemiological purposes because certain religions are associated with specific practices with regard to alcohol, tobacco, and so forth. Considerable light has been cast on the epidemiology of cancer of the lung, esophagus, and other sites as the result of studies comparing the incidence of these diseases in different religious groups. Yet no one would dare to demand that all mortality statistics be classified by religion.

It is difficult to justify racial classification of mortality statistics on the ground of its usefulness to epidemiologists. Knowledge of racial differences has played little or no role in advancing the understanding of the epidemiology of a number of diseases which show significant differences by race. Furthermore, the important epidemiological breakthroughs which have been achieved recently in the noninfectious diseases occurred without assistance from the white-nonwhite classification of mortality statistics. The remarkable achievements in delineating the epidemiology and methods of control of infectious, nutritional, and occupational diseases were similarly obtained without such assistance. The science of epidemiology will not be undermined by the disappearance of the white-nonwhite dichotomy in health statistics.

The racial classification of health statistics in the United States is an anachronistic form of segregation which is no less harmful because it occurs on the symbolic level. The public health movement, which has spoken out vigorously against segregation in other aspects of American life, needs to examine carefully the issue of segregation in health statistics.

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Epidemiological Differences Between White and Nonwhite Suicide Attempters

Andreas M. Pederson, George A. Awad, and Alan R. Kindler

Although our knowledge about suicide attempts has increased considerably, many factors associated with persons who attempt suicide remain unanswered. Part of this is due to the unreliable data collection systems in most communities and the relatively small or highly selected samples. For example, most studies have included only those suicide attempts identified by admission to general hospitals or by reports to the police. Because of the variability in data collection systems and sample selection procedures, conclusions based on comparisons of these studies are of limited validity. Further, while there is evidence to suggest that patterns of suicide attempts and characteristics of attempters are different in white and nonwhite populations, little has been done to investigate these differences in a systematic manner. However, if race is not examined as a separate factor, true differences between white and nonwhite groups, which may indeed be helpful in understanding attempted suicides, may go unnoticed.

We attempted to clarify some of the problems found in previous research through an epidemiological study of suicide attempts in a relatively stable population over a 4-year period.

By examining the differences between white and nonwhite suicide attempters and outlining their demographic characteristics, we hope to identify the characteristics associated with high-risk groups in terms of self-destructive behavior and to provide some insight into the underlying motivations for a wide range of self-destructive and potentially suicidal behavior. In addition, we will investigate the number of deaths among these suicide attempters in a 5-year followup period, looking particularly at deaths attributed to suicide.

The sample consists of all consecutive suicide attempters treated in the emergency department of Strong Memorial Hospital (the largest general hospital in Monroe County, N.Y.) from 1964 through 1967. Every suicide attempter or suspected attempter treated in the emergency department was seen by a psychiatric resident before discharge and then reported to the Monroe County Psychiatric Case Register which includes every psychiatric contact made in Monroe County since January 1, 1960. In addition to basic demographic data about each patient, diagnoses, including the designation "suicide attempt," are recorded for each psychiatric contact, along with an indication of the presence or absence of previous psychiatric care. The register also records the deaths and their causes for every person who has been reported. This procedure creates not only a continuing psychiatric register but also a continuing and updated death register. In the register, race is categorized as white (Caucasians and most of the Puerto Rican and American Indian ethnic groups) or nonwhite (people of Negroid ancestry). The socioeconomic level of a person reported to the register is defined by the census tract in which he lives (I at the highest to V at the lowest).

Out of 219,233 emergency room contacts at Strong Memorial Hospital during 1964 through 1967, 1,345 persons were seen as the result of a

suicide attempt. While there were five other hospitals with emergency services in the Rochester-Monroe County area during the study period, Strong Memorial Hospital was the only one that had a psychiatric facility in the emergency department.

Research Findings

Many of the results of our investigation support the findings of previous research. The overall ratio of women to men (3:1), the age distribution, and the marital status of our sample of suicide attempters are all in general agreement with the findings of other studies that have been conducted on this subject.

We found a suicide attempt rate of 57.30 per 100,000 per year and a ratio of attempted to completed suicides of 5.5:1. If we take into account estimates of the suicide attempts that were treated at other hospitals in Monroe County, we obtain a suicide attempt rate of 74.69 per 100,000 per year and a ratio of attempted to completed suicides of 7.2:1. Even these must be regarded as underestimates, for many suicide attempts are never reported or treated in hospitals.

The overrepresentation of the lower socioeconomic levels in our sample, among both whites and nonwhites, supports the finding that the emergency services of general hospitals tend to be used more by the lower classes. This suggests that the suicide attempt rate is higher for people in the lower socioeconomic levels, that they are treated for a wider range of self-destructive behavior than people in other classes, or that people from the upper and middle socioeconomic levels may be treated for suicide attempts in places other than emergency departments of general hospitals, e.g., a private physician's office.

Of our sample, 92 percent received a psychiatric diagnosis at the time of the suicide attempt; however, relatively few were diagnosed as having a psychotic disorder. For many, the suicide attempt appeared to be only one aspect of more general psychopathology, for some it appeared to have contributed to their receiving psychiatric treatment in the future, and for others it appeared to be the result of a single stressful or disorganized period.

Our data suggest that white and nonwhite groups who attempt suicide are two distinct populations that may require different prediction, intervention, and treatment methods. The rate of attempts by nonwhites was 160 per 100,000 per year, compared with 53 per 100,000 per year for whites. The ratio of women to men for nonwhites was 6:1, in contrast to the ratio of 3:1 for whites. The nonwhite group was younger and more often came from the lower socioeconomic levels. Marital status also separated the whites from the nonwhites: more women were separated, and more than half of the nonwhite men were single. In addition, fewer nonwhites had received psychiatric care either before or after the suicide attempt and nonwhites were less often diagnosed as having a psychotic disorder than whites.

These results could be interpreted as reflecting a lesser degree of psychological disturbance in the nonwhite population, a difference in motives and dynamics between whites and nonwhites who attempt suicide, or different patterns of care or access to treatment for the nonwhite and white groups. The lower proportion of nonwhites who received care before and after the attempt could be the result of the availability of fewer facilities to nonwhites or the reluctance of nonwhites to use existing psychological services or to follow through

with referrals. The data could also reflect different diagnostic biases on the part of mental health professionals, or even a "screening-out" process that may selectively excluse nonwhites from treatment. Further research is needed to determine which factors or combinations of factors are involved in these observed differences in diagnosis and patterns of care between the white and nonwhite groups.

The high risk for suicide in the suicide attempt group is most impressive among whites. Of interest is the relatively young age at which the suicides occurred and the relatively short time span between the suicide attempt and the successful suicide. Although nonwhites accounted for 11 percent of the total number of deaths, none was due to suicide, while 32 percent of the white deaths were. For the total county population, nonwhites have a suicide rate of 8.98 per 100,000 per year while the rate for whites is 10.51 per 100,000 per year. Nonwhites who commit suicide do not as often have a history of attempts. For whites, the suicide rate among those who had previously attempted suicide was 64 times greater than that for whites in the general population. For nonwhites, however, suicide attempts appear to be negatively related to further self-destructive behavior and therefore are not as predictive of future suicides as for whites. These results tend to support the conclusion that the nature of the suicide attempts of whites and nonwhites form two distinct patterns and should not be looked upon or investigated as a common problem with similar motives or prognoses.

This study indicates that people who attempt suicide can be differentiated by race in terms of demographic characteristics, diagnosis, psychiatric history, and the incidence of subsequent successful suicide. It further points out that even though relatively few nonwhites may be treated for suicide attempts compared with whites, the rates of suicide attempts in the nonwhite population are much higher. When treating people for suicide attempts, the physician may note differences between whites and nonwhites in the motivation for the attempt, the treatment techniques that are required, and the degree of risk for further psychiatric difficulty and/or suicide. It is vital that professionals working in the emergency services of general hospitals who deal with people from the lower socioeconomic classes, as well as with proportionately greater numbers of nonwhites than whites, be aware of these differences. In future research on suicide attempts, it would seem imperative to consider race as a separate factor.

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Facial Attractiveness and Juvenile Delinquency Among Black and White Offenders

Norman Cavior and L. Ramona Howard

Recent investigations have yielded high positive correlations between physical attractiveness and popularity among children, popularity and dating preferences among adolescents, acceptance into college sororities and fraternities, popularity and dating preferences among college students, actual dating partners, and actual marriage partners. These studies indicate the importance of physical attractiveness in various dyadic and group processes and suggest the possibility that unattractive people may be rejected by others.

An experimental study in the New York City Department of Corrections showed that cosmetic and reconstructive plastic surgery significantly reduced the recidivism rate among nonaddict adult criminals with facial deformities. In addition, observations of white delinquents made at the Kennedy Youth Center also suggested that there was a greater proportion of unattractive faces among prison inmates than among the general population outside of prison.

These findings suggested two hypotheses tested in our first study:

1. There is a positive relationship between facial appearance and delinquent behavior, i.e., juvenile delinquents are less facially attractive than nondelinquents.

2. There are significant differences in the degree of facial physical attractiveness among juvenile offenders.

Study I—White Delinquents

The Kennedy Youth Center furnished facial photographs of the inmates as well as their behavior dimension classification. The classification system has four dimensions: inadequate-immature, neurotic-disturbed, unsocialized-psychopathic, and socialized-subcultural. There were 103 white male inmates ranging from 16 to 21. The facial pictures of 78 white nondelinquents were obtained from a high school yearbook. Everything below the neck was covered with tape to prevent judgments from being affected by ties, shirt styles, or other clothing. Hair styles in the delinquent and high school group were similarly short.

The pictures were judged by 30 male and 30 female white freshman and sophomores in introductory psychology classes. The judges sorted the pictures into five physical-attractiveness categories, from very unattractive to very attractive.

Interrater reliability was extremely high, and there were significant differences among the mean facial attractiveness assigned to the five groups of pictures. The order in which the pictures were rated was: (1) high school students (most attractive), (2) socialized-subcultural, (3) neurotic-disturbed, (4) inadequate-immature, and (5) unsocialized-psychopathic (least attractive).

Study II—Black Delinquents

In addition to the two hypotheses examined in Study I, it was hypothesized that:

1. Black inmates are darker in skin color than black high school students.

2. Lightness of skin color is positively correlated wth physical attractiveness, rated by both black and white raters.

3. White raters give higher physical

attractiveness ratings than black raters.

The first hypothesis was suggested by research findings that dark blacks are found in lower occupational and income positions than light blacks, even when education is held constant. Considerations for the other two hypotheses were: Because blacks are socialized to accept white standards of beauty, they develop a color stratification system in which light skin color was valued and dark skin color was viewed as an unfortunate disability. Also, whites would likely find it difficult, especially in the presence of a black person, to describe blacks as generally unattractive.

Facial pictures and behavior dimension ratings of 56 black residents were obtained from the Kennedy Youth Center. The residents, all black males, ranged in age from 16 to 21. Pictures of 56 black, nondelinquent high school seniors were randomly selected from a high school yearbook. The same precautions were taken as in Study I.

The pictures were rated by three groups: One included 30 black males and 30 black females who were college students. Another group of raters consisted of 15 white females, average age 25, and 15 white males, average age 31; the females were graduate students and the males were psychology department faculty and graduate students. These two groups rated the pictures on physical attractiveness. The third group consisted of 15 black females, average age 30, and 15 black males, average age 23, who rated the pictures for skin color. The females in this group were teachers in an elementary school and the males consisted of 5 teachers in the same school and 10 undergraduate college students. None of the raters knew the purpose of the study.

The two sets of pictures (delinquent and nondelinquent) were combined into a single group of 112 pictures which were rated on physical attractiveness with the same scale as in Study I. The ratings of skin color were also on a 5-point scale from very dark to very light.

There were significant differences among the five groups for blacks judging skin color and for blacks judging physical attractiveness, but not for whites judging physical attractiveness. For blacks judging physical attractiveness and skin color there were no significant differences among the four dimensions of delinquency, but the subjects representing each of the four dimensions were rated as significantly less attractive and darker in skin color than the high school students. The white judges assigned substantially higher physical-attractiveness ratings to black pictures than to the white pictures, lending support to the hypothesis that whites may be rating the black pictures from a position of defensiveness. The white raters responded more to skin color in judging the attractiveness of blacks than did the black raters.

The data from both studies support the hypothesis that both black and white delinquents are significantly lower in facial attractiveness than nondelinquents. This finding suggests that there is a relationship between facial attractiveness and delinquency, and that surgery can be effective in reducing recidivism.

The comparison of ratings between Kennedy Youth Center offenders and the high school students suggests that a lack of facial attractiveness may play a contributory role in the development of antisocial behavior and/or reduce the probability that the offender will receive a suspended sen-

tence, or even that he will be arrested. This finding tends to support a recent study that indicates that adults display differential treatment toward attractive and unattractive children in circumstances in which their behavior is identical, and further that the severe transgression of an attractive child is less likely to be seen as reflecting disposition toward antisocial behavior than that of an unattractive child. In addition, the transgression itself tends to be less negatively evaluated when committed by an attractive child. Finally, research has indicated that positive personality descriptions and predictions regarding future behavior are assigned to attractive individuals, while negative personality descriptions and predictions are assigned to unattractive individuals.

The finding in Study I, with white offenders, that physical attractiveness varies among the four dimensions of delinquent behavior suggests the possibility that different behaviors of different perceptions of similar behaviors are associated with different levels of physical attractiveness. Whether the absence of a relationship between physical attractiveness and the four dimensions among the black delinquents resulted from the relatively small sample size, methodological problems, the positive correlation between lightness of skin color and physical attractiveness, or whether no relationship exists, were not determined at this time.

The results of Study II suggest that dark-skinned blacks may receive different treatment even within the black culture, in addition to being treated differently by the white culture.

Attitude-similarity research tends to suggest that liking (and therefore acceptance) is dependent on the extent of either perceived attitude similarity or actual attitude similarity. One could therefore speculate that the apparent visibility of the black skin, coupled with stereotyped expectancies, would establish barriers to perceived attitude similarity and subsequent liking as well as subsequent handling in various aspects of the legal process.

Since there were some qualitative differences between the photographs of the delinquent and high school groups, and different rating methods used in the two studies, our results and conclusions should be considered as suggestive of the possible contribution of physical appearance to social deviance. In addition, the issue of the defensiveness of the white raters, in Study II, is difficult to evaluate since the effects due to the presence of a black experimenter cannot be separated from the effects due to the photographs of the black subjects.

Future research in this area might benefit from nonreactive (unobtrusive) research strategies. For example, it should be possible to observe directly actual courtroom situations in which blacks and whites of different levels of physical attractiveness and skin coloration are tried for similar offenses.

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Prosocial and Antisocial Boys Together

Ronald A. Feldman, John S. Wodarski, Mortimer Goodman, and Norman Flax

Social work treatment and rehabilitative programs tend to group clients homogeneously. Clients with a given type of social functioning problem tend to be grouped together and treated concurrently with other clients manifesting similar problems. For example, social workers provide therapy programs for groups of alcoholics, drug addicts, unwed mothers, and other client categories. In some instances, social or legal constraints segregate such clients while rehabilitative services are provided.

Even when the dimensions of client deviance are relatively ambiguous and nonuniform, there is a tendency to group clients together for treatment or rehabilitative purposes. "Delinquent boys," for example, may be grouped together for service even though within that broad category there may be considerable variation in the clients' social functioning problems. The rationales for homogeneous group composition and the segregation of clients tend to be vague and of questionable legitimacy.

Most rationales for such groupings tend to be based upon economic considerations. The worker assumes it is less expensive—or more efficient—to treat clients in homogeneous groupings. It is submitted here, however, that the greatest economic advantages of such programs accrue merely as an artifact of the preexisting social organization of services. Clients with given pathologies are grouped together for treatment because treatment organizations themselves tend to provide services only for narrowly defined client populations. The economic advantages of grouping such clients together for the delivery of service would appear to be obvious. Nonetheless, the ultimate economic efficacy of a program must depend primarily upon the extent to which the treatment program is successful in enabling clients to maintain long-term adjustment in the community. Unfortunately, virtually all the available data point to a lack of success for such programs. This is especially true for antisocial children and juvenile delinquents.

Segregation vs. Integration

Whether treatment is conducted in an institution or the community, the dysfunctions of homogeneous and segregated client groupings are obvious and potent. Primarily, they are associated with dysfunctional peer composition of the groups, and with labeling and stigmatization attendant upon separation from the larger society.

Treatment groups composed exclusively of juvenile delinquents situate the treated individuals in a social milieu characterized by peers who exhibit antisocial behavior, who reinforce and reciprocate such behavior, and who have demonstrated an inability to function within acceptable limits in the open community. These factors deter efforts to rehabilitate clients and prepare them for effective prosocial functioning in the open community. Also these factors may promote more serious deviant behavior patterns among clients who might have been relatively prosocial prior to the "treatment." Indeed, the presumed advantages of support and empathy from similarly malfunctioning peers have recently been interpreted as factors

that merely stabilize the dysfunctional behavior of the client.

More worrisome, however, is labeling and stigmatization. In order to minimize the stigmatization associated with rehabilitation it would seem desirable to locate treatment programs in institutions that are not viewed primarily as treatment agencies, and where stigmatization is not transmitted, even in part, from institution to child.

It is crucial to note that stigmatization does not occur solely as a result of association with a treatment agency. It also generalizes from cotreatment with peers who are labeled as delinquent or antisocial. If rehabilitative efforts could take place among peers not so labeled, the consequent stigmatization would be reduced.

Good Kids and Bad Kids Together?

This analysis could lead to the conclusion that antisocial children ought to be treated primarily—perhaps exclusively—in prosocial environments. In order to preclude dysfunctional role models and vitiate deviant reward and reinforcement systems, it might be argued, the antisocial child should be treated among children who display positive social behavior and reward and reinforce it in others. By locating treatment programs in such settings as community centers, neighborhood houses, and regular summer camps, it might prove possible to reduce the barriers to rehabilitation and virtually eliminate the undue labeling and stigmatization associated with most treatment programs. Preferably, treatment and rehabilitative efforts in such settings would put one or more clients into a group composed of prosocial members—members who display acceptable and stable patterns of social functioning in a variety of contexts. This reform would entail a considerable restructuring and decentralization of treatment services, but it is conceivable and plausible that its ultimate costs would be far less than is presently the case.

What factors, then, have militated against the establishment of treatment programs situated in prosocial environments and peer groups? Perhaps a latent but potent factor opposing the establishment of such programs stems from the concern that behavioral problems displayed by antisocial children will be emulated by the prosocial children who are exposed to them. The best chance of implementing integrative programs, therefore, lies in proving that social integration need not entail significant dysfunctions for the predominant population.

This is the empirical question to be examined in the present report on a 3-week field study in which antisocial children were integrated into groups of prosocial children.

Details of The Study

Site—The site for the research was a community-sponsored coeducational camp in the midwestern United States. Primarily, this camp served children of the Jewish faith ranging in age from 9 to 16 years. The subjects were representative of a broad range of socioeconomic strata. Only boys' groups were studied. For a 20-day period the members of each group slept together, took their meals together, and frequently participated in activities as a distinct unit.

Subjects—There were eight boys' groups at the camp. Four were randomly selected for the inclusion of one or more antisocial children. One antisocial child was placed in each of three groups and two were placed in the fourth. This procedure permitted the assessment of differential effects of

the summer-camp experience upon three categories of subjects: prosocial children who did not have antisocial children assigned to their group; prosocial children who did have antisocial children assigned to their group; and antisocial children who were assigned to a prosocial group. There were 44 subjects in the four prosocial groups, 37 prosocial and 5 antisocial subjects in the four mixed groups.

The antisocial children had participated in a larger study during the previous academic year. They had been members of small groups treated by one of three differing group-work methodologies (social-learning method, traditional social group-work method, and group-centered method). However, no effort was made to provide any systematic treatment during the summer-camp experience. Moreover, the summer-camp experience was viewed primarily as a pretest for further extension and elaboration of a larger research program concerning group integration and behavioral change.

The five antisocial children who participated in the summer-camp experience were randomly chosen from a cohort of 53 children who had participated in the small-group program. The children ranged in age from 9⅓ years to 12½ years. In addition to high frequencies of antisocial behavior, all experienced some kind of learning difficulty. Intake interviews with parents indicated that the most typical antisocial behaviors included hitting, kicking, temper tantrums, deliberate disruption of others, destruction of property, stealing, and "inability to get along with others."

Behavioral checklist—Personnel from referral agencies were asked to estimate the total number of times each referred child exhibited a specified behavior during the preceding 3-week period. The behaviors specified were interpersonal aggression of a physical nature, interpersonal aggression of a verbal nature, object aggression, disruptive behavior toward peers, and disruptive behavior toward adults.

Using this instrument, the mean number of antisocial behaviors estimated for a 1-week period was 92 per child. The parents of referred children also were asked to complete an identical checklist; they estimated a mean of 35 antisocial behaviors per week. Finally, using another version of the same checklist, the children themselves were asked to estimate weekly frequency of such behaviors. They estimated a mean frequency of 43 antisocial behaviors per week. Self-ratings for a sample of 260 children normally served by the community agency sponsoring the summer camp indicated that nearly all the respondents engaged in fewer than 16 antisocial behaviors per week. This frequency at its highest was less than 40 percent of the frequency for the antisocial children.

Nonparticipant observation—A nonparticipant observation technique was devised to measure the frequency of antisocial behavior exhibited by the subjects. Two observers were in residence at the camp for the duration of the study. Each was trained to record systematic observations of the subjects' behavior while remaining as unobtrusive as possible. Using a systematic time sampling procedure, behavioral data were recorded for 54 group sessions, or about 6.8 sessions per group. Group sessions lasted about 1 hour. Four groups were randomly assigned to each observer; the observer randomly selected the times during which he would observe his assigned groups. Observations for each group were made in a variety of

social contexts, and all children in the group were observed.

The observers were not informed that any of the children were particularly antisocial. At each group session the observations were made in a fixed order and at 10-second intervals. The observer was instructed to rate the first behavior observed for a given child at the beginning of a 10-second interval. At the end of that interval he was instructed to record the first behavior observed for the next child on his roster, proceeding to observe each child in the group at 10-second intervals throughout the activity period. Interobserver reliability levels were .93 and .91.

Types of Behavior

Three types of behavior were reported: antisocial behavior, prosocial behavior, and nonsocial behavior. The observers rated behavior in terms of these three categories only.

Antisocial behavior—Antisocial behavior was defined as any member's behavior that disrupted, hurt, or annoyed other members or otherwise prevented them from participating in the group's activities.

Prosocial behavior—Prosocial behavior was defined as any member's behavior that helped the group move toward completion of a task or otherwise exemplified constructive participation in the group's activities.

Nonsocial behavior—Nonsocial behavior was defined as any behavior that was not directly related to the group's ongoing activity. Such behavior was neither directed toward helping the group move toward completion of a task, nor toward disrupting, hurting, or annoying others.

Results

By means of this observational technique it was possible to record the subjects' social interrelationships with peers in a variety of situations; calculate the proportion of each child's observed behavior that was prosocial, antisocial, or nonsocial; and evaluate behavioral change over a 3-week period. Data were analyzed separately for each of three time periods at camp: days 1–7 (period I), days 8–14 (period II), and days 15–20 (period III).

There was little incidence of antisocial behavior among prosocial children in unmixed groups. The maximum incidence of antisocial behavior observed for such subjects was 2.0 percent during the second time period.

The nonsocial behavior observed for prosocial children decreased over time from a high of 22.7 percent in period I to a low of 5.2 percent in period II. As nonsocial behavior decreased there was a tendency for prosocial behavior to increase over time.

Antisocial children—Antisocial children in mixed groups maintained a relatively constant rate of antisocial behavior through the three time periods. There was a slight tendency for the antisocial behavior of these subjects to peak in the second time period, but the recorded incidence never exceeded 8.1 percent. It is conceivable that the rate of antisocial behavior, which decreased to 5 percent during the final time period, could have been further diminished through systematic therapeutically oriented interventions. That the incidence of antisocial behavior was not much higher attests, perhaps to the socializing effects of the larger environment and the peer group itself.

The incidence of prosocial behavior exhibited by antisocial children was also relatively constant over time. This incidence was somewhat lower than that noted for either category of

prosocial subjects. Whereas the incidence of prosocial behavior was relatively similar in all three subject categories during period I, the differences between antisocial and prosocial subjects became apparent by period III, when the difference between antisocial children and prosocial children in mixed groups was 19.3 percent, and between antisocial children and prosocial children in unmixed groups was 30.6 percent.

The low incidence of prosocial behavior among antisocial children is counterbalanced by a relatively high incidence of nonsocial behavior in all three time periods. Even in the first time period the antisocial children were more guarded and less integrated into their groups than were the prosocial children. Although a period of testing (period II) resulted in a temporary reduction of nonsocial behavior and slightly higher levels of both antisocial and prosocial behavior, the subjects became more nonsocial in the third time period. In fact, the incidence of nonsocial behavior observed in the third period was virtually the same as that in the first period. It was approximately twice the nonsocial behavior displayed by the prosocial children in mixed groups and nearly six times that displayed by the prosocial children in unmixed groups. It was nearly equivalent to one-third of all behavior observed for the antisocial subjects.

In brief, since the antisocial children exhibited a relatively low incidence of antisocial behavior throughout, it is apparent that they can be accommodated in an open camp setting without too much disruption for the staff and other campers. The results of an analysis-of-variance show that each antisocial child's behavior, for all three behavioral categories, generally fell within the range established by his peers. The camp director was of the opinion that the antisocial children were integrated into their groups rather readily, and that neither the prosocial nor the antisocial children suffered adverse consequences of any significance. No antisocial children left camp during the 20 days, and no scapegoating occurred. In general, the staff indicated that they could not differentiate between the two categories of children.

Nonetheless, the rate of antisocial behavior by antisocial subjects was somewhat higher than that by the other campers, and there was no significant reduction over time. It is probable that these children exhibited more nonsocial behavior than the others because past socialization experiences had not prepared them to engage fully in all the activities at camp, the crafts, water sports, and so forth. A longer interaction period may have enabled them to develop the necessary skills.

The antisocial children did not become significantly more antisocial after the testing period (period II); instead, they became relatively more withdrawn. To the extent that these findings can be generalized to plans for a larger research program, two implications seem important: First, it will be germane to obtain measures of the extent to which these children and others are actually integrated into their peer groups and to obtain measures of the group's overall integration. Second, efforts could be planned to integrate each child into his peer group.

Prosocial children—Prosocial subjects in mixed groups exhibited more antisocial behavior on the first time period than did the subjects in either of the other categories. The trend was most pronounced when contrasted with the very low incidence of antiso-

cial behavior (0.6 percent) shown by their prosocial counterparts in unmixed groups.

The important point is that the incidence of antisocial behavior by these subjects decreased continually over time until it was less than 1 percent in the third period. Unlike the other two categories of subjects, for whom antisocial behavior peaked during period II, it appears that the greatest incidence of testing and antisocial behavior by these children occurred in the first period. Most significant, however, is the observation that prosocial children in mixed groups displayed an incidence of less than 1 percent antisocial behavior during the third period. For all practical purposes this is identical with the incidence noted for prosocial children who were not exposed to antisocial children.

In all three time periods the incidence of prosocial behavior displayed by prosocial children in mixed groups was higher than that noted for antisocial peers. In the first two periods their incidence of prosocial behavior was about the same as that of children in unmixed groups. Unlike the latter, however, the prosocial children in mixed groups did not continue to increase their prosocial behavior through the third time period. Instead, they tended to engage in somewhat more nonsocial behavior than did their counterparts in unmixed groups. Although prosocial children in mixed groups did not display any significant incidence of antisocial behavior in period III, they exhibited a somewhat lower incidence of prosocial behavior than did their counterparts in unmixed groups. A substantial proportion of their activity was comparatively neutral or nonsocial. Statistical analysis does not show the behavioral profile of the prosocial children in mixed groups to be significantly different from prosocial children in unmixed groups.

Evaluation

Self-ratings completed by the antisocial children raise the possibility that the camp environment and prosocial peer groups exerted an immediate and consistent prosocial influence on them, an influence that served to reduce whatever rate of antisocial behavior might otherwise have been expected. However, mere integration as such had no long-term positive effects on the antisocial children, at least as revealed by behavioral observations. This suggests that some degree of training, even at the subprofessional level, might be necessary to make the most of such an integrative experience for antisocial children.,

This is not to suggest that the exprience was not beneficial to the antisocial children who were studied. Indeed, a number of indications point to the contrary.

If it is granted that sufficient training and a prosocial peer environment can maximize the positive effects of such an experience on antisocial children, the strongest barrier to further testing and implementation is the assessment of effects on the prosocial children who participate. The data produced by this study suggest that the experience is not without stress for prosocial children, but that the worst fears about an integrative program are unfounded.

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The Brain's Generation Gap: Some Human Implications

Paul D. MacLean

There is a saying that something does not exist until you give it a name. There has, of course, always been a gulf between generations, but call it by any other name, none would be more expressive for our times than the "generation gap."

It is my purpose here to call attention to another generation gap that applies to the human brain. It exists in every one of us, and is an extremely critical gap because learning to recognize it, understand it, and live with it may be more crucial than anything else to worthwhile survival.

To understand the brain's generation gap it is necessary to think in evolutionary terms. In the age of reptiles, 250 million years ago, animals who never learned to talk began to crawl into the brain of man. In evolution the primate forebrain expands along the lines of three basic patterns characterized as reptilian, paleomammalian, and neomammalian. The result is the remarkable linkage of three brain types which are radically different in structure and chemistry, and which, in an evolutionary sense, are countless generations apart. We possess a hierarchy of three-brains-in-one—a triune brain. Or, stated another way, we have a linkage of three biocomputers, each with its own special kind of intelligence, sense of time, memory, motor, and other functions.

Thanks to improved anatomical, chemical, and physiological techniques, the three basic formations stand out in clearer detail than ever before. It should be emphasized that the three brain types are in no sense separate, autonomous entities, although they are capable of functioning somewhat independently.

Man's Reptilian Brain

In mammals the major counterpart of the reptilian forebrain includes a group of large ganglia which I call the "R-complex." In ganglia the nerve cells appear to be in large clumps, whereas in cortex they are arranged in layers. The Koelle stain for cholinesterase brings out a remarkable chemical contrast between the R-complex and the two other brain types.

Little has been learned about the functions of the R-complex, perhaps because of a major interest in learning, memory, and motor mechanisms. The finding that large lesions of the R-complex may result in no incapacity of movement challenges the traditional view that this ancient part of the brain is simply a motor apparatus. At our new Laboratory of Brain Evolution and Behavior we are investigating the role of the R-complex in natural forms of animal behavior, testing the hypothesis that it is basic for such genetically constituted behavior as selecting homesite, establishing and defending territory, hunting, homing, mating, forming social hierarchies, and the like. We hope that this work will shed light on neural mechanisms underlying compulsive, repetitious, ritualistic, deceptive, and imitative forms of behavior.

A British naturalist emphasized that the establishment of territory may be an essential preliminary to mating and breeding, and ethologists have confirmed and extended his observation. Ritualized, aggressive displays are used in establishing and defending territory. Trappings are used to make an aggressor look big, color-

ful, and menacing; in some species hair tufts are part of the regalia.

The aggressive display of some reptiles and lower forms is the same as their display in courtship and mating. We have found a parallel situation in the small South American primate, the squirrel monkey; the male monkey has a genital display in which it vocalizes, spreads one thigh, and directs the erect phallus toward the other animal. Sometimes females will also display. The display is seen in its most dramatic form when a new male is introduced into an established colony of squirrel monkeys. Within seconds all males begin to display to the strange monkey, and if it does not remain quiet with its head bowed, it will be viciously attacked. We found that the incidence of the display among males in a colony is a better measure of dominance than the outcome of rivalry for food. Like some reptiles and lower forms, the display of this primate is the same in courtship as in the show of aggression.

The display is also used as a form of greeting, and one variety of squirrel monkey will regularly display to its reflection in a mirror. The display is an innate form of behavior because the infant squirrel monkey born in isolation will display as early as the second day to another monkey. There have been numerous cases in which large bilateral removal of parts of the old and new mammalian brains have had no perceptible effect on either the somatic or genital aspects of the display. However, after lesions of the pallidal part of the R-complex, monkeys may no longer show any inclination to display. Yet, when introduced into our testing colony, such animals have been able to defend themselves and even overpower the dominant animal. Without a test of the innate display behavior one might conclude that these animals were unaffected by the loss of brain tissue.

The findings of these experiments suggest that the R-complex may be part of a neural repository for species-specific forms of behavior, illustrated in the present experiments by a genital display variously used in the show of aggression, courtship, and in greeting.

Do the comparative observations have any human relevance? In primitive cultures in different parts of the world the territorial aggressive implications of genital display are illustrated by houseguards—stone monuments showing an erect phallus—used to mark territorial boundaries. It is as though a visual, urogenital symbol is used as a substitute for olfactory, urinary territorial markings of animals, such as the dog with a well-developed sense of smell. Is it possible that primitive man may have learned that by covering himself he reduced unpleasant social tensions arising from the archaic aggressive impulse to display and that this, rather than modesty, has led to the civilizing influence of clothing?

Since the display of the squirrel monkey involves imitative factors, it is relevant to the important question of the neural mechanisms of imitation. Many forms of imitation involve learning, but basic to this is a strong natural tendency to imitation. Such imitation may have some such protective value as signifying, "I am like you."

Imitative behavior works to maintain group identity and promote group survival. The case of the autistic child is an example of the devastating effects of an inability to imitate. If there is anything that marks an autistic child, it is an apparent incapacity for natural imitation.

It is relevant to mechanisms of imi-

tation that partial representations have the capacity to trigger reciprocative behavior. In the case of the squirrel monkey, the reflection of a single eye is enough to elicit a full display. It is well known that in reptiles and lower forms, part of a dummy may trigger complicated sequences of reciprocative behavior in territorial defense or mating.

It is traditional to belittle the role of instincts in human behavior, but how should we categorize those actions that stem from a predisposition to compulsive and ritualistic behavior; a proclivity to prejudice and deception; a propensity to seek and follow precedent as in legal and other matters; and a natural tendency to imitation? All these propensities have survival value, but they are double edged and can cut both ways.

Man's Old Mammalian Brain

We turn next to the other great generation gap—the one pertaining to the old mammalian brain. Recalling that reptiles have only a rudimentary cortex, we must presume that in the lost forms between reptiles and mammals there was an expansion and elaboration of the primitive cortex. This cortex provides the animal a better means for viewing its environment and learning to survive. In both lower and higher mammals the old cortex occupies a large convolution called the "limbic lobe" because it surrounds the brain stem; it forms a common denominator in the brains of all mammals. The limbic system represents an inheritance from lower mammals. This brain system derives information in terms of emotional feelings that guide behavior required for self-preservation and preservation of the species.

Compared with the limbic cortex, the new cortex is like an expanding numerator. It mushrooms late in evolution, culminating in man to become the brain of reading, writing, and arithmetic. Mother of invention and father of abstract thought, it promotes the preservation and procreation of ideas.

The primitive limbic cortex is structurally less complicated than the new cortex. Although it was once believed to receive information mainly from the olfactory and visceral systems, we have shown by recording from single nerve cells in awake, sitting monkeys that signals also reach it from the visual, auditory, and somatic senses. There are clinical indications that the combined reception of information from the inside and outside worlds is essential for a feeling of individuality and personal identity. Contrast this situation with the neocortex, which receives signals largely from the visual, auditory, and somatic systems, suggesting that the new cortex is primarily interested in happenings in the external environment.

Also in contrast to the new cortex, the limbic cortex has large direct, cable-like connections with the hypothalamus which integrates the performance of mechanisms involved in self-preservation and the procreation of the species.

The limbic cortex is further distinguished from the neocortex by its chemistry. By means of radioautography we found that the limbic cortex has a much higher uptake of radiomethionine than the neocortex, indicating a greater turnover of protein. Some parts of the limbic cortex are also chemically distinctive because of high concentrations of acetylcholine, norepinephrine, serotonin, zinc, and other substances.

The limbic system comprises three main subdivisions: Two subdivisions are related to the olfactory apparatus,

whereas the pathway to the third division bypasses the olfactory apparatus. Definite evidence of the role of the limbic system in emotional behavior is based on clinical observations. Stimulation of the third region in cats and monkeys elicited behavior related to feeding, fighting, and self-protection. It therefore appears that this part of the limbic system is primarily concerned with self-preservation.

Until recently there was only indirect evidence that the forebrain was involved in sexual behavior. We found that stimulation in parts of this subdivision results in genital and other sex-related manifestations, suggesting that the subdivision is involved in expressive and feeling states that promote the procreation of the species. Within a narrow region leading to the hypothalamus, stimulation elicits penile erection, angry behavior, biting, and chewing. As fighting is frequently a preliminary to both feeding and mating, these findings suggest that nature uses the same neural mechanisms for combat in each situation.

The main pathway to the third subdivision of the limbic system bypasses the olfactory apparatus which affects oral and genital functions. This subdivision reaches its greatest size in man. Stimulation in parts of this subdivision elicits basic sexual responses. These findings suggest this subdivision expansion reflects an emphasis shift from olfactory to visual influences in sociosexual behavior.

It is one of the seven wonders of the brain that limbic epileptic discharges have the tendency to spread in and be confined to the limbic system, not directly involving the neocortex. I refer to this condition as a "schizophysiology" which possibly contributes to inexplicable conflicts between what we think and what we feel. Sometimes the emotional impact of the two apparent intellects working at cross-purposes has the survival value of getting us over impossible hurdles. At other times it may unpredictably lead to personal tragedy or set the stage for nervous breakdown. It is relevant to understanding neural mechanisms underlying mental illness that limbic discharges may induce symptoms characteristic of endogenous, as well as toxic, psychoses, including those precipitated by psychedelic drugs. Such discharges may result in feelings of depersonalization, distortions of perception, paranoid delusions, and hallucinations.

Limbic discharges may trigger eureka-type feelings expressed by such words as "this is it, the absolute truth; this is what the world is all about." The feeling is free floating, being attached to no specific solution or idea. It has the quality of what most of us feel when we make a discovery or arrive at the solution of a problem. Ironically, it seems that the ancient limbic system provides the ingredients for the strong affective feelings of conviction that we attach to our beliefs, whether they are true or false.

The three basic brain types are extensively interconnected, but just how they are connected and function together as a triune brain is a problem for future investigation.

Making Three Brains Operate as One

With the evolution of the old and new mammalian brains, nature uses the reptilian brain as a storage mechanism for parroting learned forms of emotional and intellective behavior acquired through limbic and neocortical systems. Once having acquired a verbal or other skill, we can later repeat it, almost instinctively. If we stop to think how we do it, it may interrupt the continuity of performance.

Given incapacity for verbal communication with the reptilian- and old mammalian-type brains, there exists in each of us an unbridgeable generation gap—a gap that makes the familiar one seem tame by comparison. To say that they lack the power of speech is not to disparage their intelligence nor to relegate them to the unconscious. The need for more harmonious survival with our animalistic selves calls for new research approaches in cryptopsychology, for better ways to cope with the communication gap, and for discovery of more perceptive measures of human intelligence.

With its imagination that exceeds the speed of light, the neocortex may be able to keep up with the present accelerated tempo of life through speedreading, help of computers, and other contrivances, but the two animal brains which are our constant companions move at their own slow pace. Courtship, for example, does not lend itself to the rules of speedreading. The reptilian and limbic brains have survived millions of years of evolution, and it is evident that no genetic tailoring will remove them overnight from the brain of man. Once this is realized, we may achieve a quality of life that will bring greater contentment. Perhaps this is what today's youth has been trying to tell us.

With worldwide television, the matter of imitation looms more important than ever in human affairs, not only as it applies to fads, fashions, and drug cultures, but, more significantly, to forms of mass hysteria and violence. It has become almost a dictum that "imitation rules the world." Crowding also increases the opportunities for imitation. One may therefore suppose that violent behavior can lead to a kind of vicious circle through the positive feedback of imitation. It is one of the perversities of television that it brings crowding, violence, and imitation right into the living room.

Because of our scientific emphasis on the control of natural phenomena, we tend to regard ourselves as separate from, and even superior to, nature. Nature sets us a terrible example not only in regard to violence of storms, earthquakes, disease, and cancerous erosion, but also in exposing us on all sides to trickery, deceit, and treachery. The wonder is that man has ever been able to go straight! Indeed, if we were not a part of nature, it could be said that we had surpassed nature in a sense of honesty and altruism. When we are at our best, nothing makes us more unhappy than seeing living things suffer. And nothing brings greater satisfaction than to relieve suffering or to witness the relief of suffering.

The capacity for empathic identification with others stems from the greater development of the cingulate division of the limbic system and its articulation with a more recent expansion of the human brain—the prefrontal neocortex. There are clinical indications that the prefrontal cortex provides foresight in planning for ourselves and others and that it also helps us to gain insight into the feelings of others. We find reason for hope that in the further evolution of man, human love and enlightenment will prevail over the forces of violence and destruction.

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Assortative Mating in the Affective Disorders

Elliot S. Gershon, David L. Dunner, Lisa Sturt, and Frederick K. Goodwin

Among the factors that can lead to the perpetuation of major psychiatric illnesses and to their concentration in a relatively limited number of families within the population, assortative mating stands out as being potentially remediable but largely univestigated. Positive assortative mating refers to the tendency for mated pairs to be more similar in certain genetically influenced characteristics than random pairs chosen from the population. In a disorder which is polygenically determined, positive assortative mating will eventually result in concentration of the disorder in relatively few families in the population and in an absolute increase in the number of individuals in the population manifesting the disorder. The purpose of this study was to investigate whether these conditions exist for major affective illnesses.

All patients who had been admitted to a metabolic clinical research unit at NIMH during the years 1960–1969 and who met the criteria for diagnosis of primary affective disorder are included. These patients were further categorized as unipolar or bipolar. Bipolar illness included those patients with a history of hospitalizations for both depressions and mania, or hospitalizations for both depressions and mania, or hospitalized for depression only but with a history of hypomania. Unipolar illness included patients hospitalized for at least one depression, but without a history of mania or hypomania. Presence or absence of psychiatric illness in the spouse is not considered in selection of patients for admission.

Chart review studies—A group of 163 patients were studied by chart review of social work evaluation of illness in the spouses. The chart material was drawn from regular interviews conducted by a psychiatric social worker. The interviews were mainly concerned with the ongoing dynamics in the marriage, but did include assessment of the psychiatric history of the spouse. This material, along with social work histories, research summaries by the psychiatrist, and medical records were reviewed for the presence of psychiatric illness and treatment in spouses.

Family history studies—Systematic followup interviews were conducted with 65 patients randomly selected from patients admitted between 1960 and 1971, and with 28 medically ill controls. Of the 65 patients interviewed, 19 were bipolar females, 23 bipolar males, 15 unipolar females, and 8 unipolar males. Of the 28 controls, 15 were male and 13 female; they had no history or manifest symptoms of psychiatric illness on interview.

Information on illness and family history of spouses was systematically obtained from the patients and controls. When available, the spouses were interviewed directly. To compare family histories of psychiatric illness, morbid risk of affective disorder in first-degree relatives (parents and siblings only) was calculated.

Diagnostic criteria for the chart review and the direct interview groups were the same. Primary affective disorder refers to an illness characterized by depressions or manias, or both, seen in an individual who lacks a history of other preexisting psychiatric illness, exclusive of uncomplicated episodes of depression or mania. In or-

der to be included as positive, affective disorder in the spouse or relative must have been episodic and lasted longer than 6 weeks, and included severely depressed mood with symptoms of insomnia, slowed thoughts, anorexia, loss of interest in usual activities, suicidal behavior and, sometimes, paranoid ideation. In addition, a history of treatment for the illness or social incapacity due to the illness was required. Alcoholism in spouses or relatives was defined by the occurrence of psychiatric hospitalization, medical problems, legal problems (arrests), or social problems (divorce, separation, severe marital difficulties, job loss) due primarily to drinking.

Relatives who had affective symptoms such as cycloid personality, chronic untreated depression, or mild depressive episodes not requiring treatment, were not included in the primary affective disorder group but were considered separately as minor affective disorders. Relatives who appeared to have been psychiatrically ill, but in whom a diagnosis could not be made, were termed undiagnosed. This included some cases of suicide in whom symptoms of affective disorder or alcohoism were not described.

Chart review results—Of the 163 patients with primary affective disorder, 122 were married, 10 divorced, 19 single, 11 widowed, and 1 separated. Psychiatric illness in spouses is much higher than the population prevalence for married females. Of the 10 affectively ill wives, 1 committed suicide, 2 made suicide attempts, 2 had postpartum depression, 1 had a psychotic depressive episode, and 4 had episodes of depression without psychosis. Half had received psychiatric treatment for their illness. Three husbands had episodic depression and four had alcoholism. None of the spouses had ever been manic. An additional three husbands and one wife had personality disturbances requiring psychiatric attention.

Of the 13 couples in which the patient and the spouse both had affective disorder, nine couples (both members) developed affective disorder *after* the marriage, one couple had the disorder *before* marriage, and in three couples, one member developed affective disorder before marriage and one after the marriage.

Direct interview results—Information was obtained from 70 spouses of patients and 24 spouses of controls. Of 31 spouses of male patients, 9 wives had affective illness. Four of the 39 husbands of female patients were affectively ill. None of the spouses in the control group was affectively ill. Other disorders found in spouses of patients included chronic depression not requiring treatment, chronic schizophrenia, alcoholism, anxiety neurosis, and hysterical personality.

Morbid risk in relatives of spouses—The first-degree relatives of wives of male patients had an increased morbid risk for affective disorder as compared to the first-degree relatives of control spouses. There was no significant difference in the morbid risk for affective disorder comparing the first-degree relatives of the spouses of controls. No difference in the morbid risk for alcoholism was demonstrated.

Three first-degree relatives of spouses of patients had minor affective disturbances: cyclothymic personality and chronic depression not requiring treatment. No cases of minor affective disorder were found in similar relatives of control spouses. Among the first-degree relatives of patients' spouses, other psychiatric disorders included chronic schizophrenia, sociopathy, mental retardation, and two undiagnosed cases, of whom

one committed suicide. One case of chronic schizophrenia was described in the first-degree relatives of the spouses of controls.

The finding of assortative mating in our sample and an increased prevalence of affective disorders in the families of our patients and of their spouses suggests that over the course of an indeterminate number of generations, there has been a concentration of these disorders in a relatively limited number of families, and that this concentration is being supported by assortative mating.

We can only speculate how this assortative mating comes about. The patients and their spouses may find each other appealing as marriage partners on the basis of personality characteristics which are related to the affective illness in their families. These characteristics might be due to genetic factors which are associated with affective illness, or they might be expressions of a family subculture of interpersonal relations that develops around the affective disorders found in some of the relatives.

Other possibilities may be considered as etiologic factors in assortative mating: Persons may select each other as marriage partners on the basis of an already existing illness; however, in 9 of 13 couples in which husband and wife had affective disorder, both developed overt symptoms after marriage. Illness in one spouse may develop on the basis of interaction with the ill spouse, without any predisposition existing at the onset of the marriage; this explanation, however, does not account for affective illness in the relatives of patients' spouses. The genetic-familial hypotheses, then, best accounts for our data.

The morbid risks in relatives of patients' spouses are lower than in relatives of patients themselves. There were not enough cases in this study to systematically compare those male patients who marry a woman with a family history of affective disorder with those who do not.

Alcoholism is not significantly increased in the relatives of patients or their spouses, but the morbid risk of alcoholism in relatives of control spouses is higher than our population estimate.

Genetic studies have attempted to define modes of transmission of affective illness which would fit Mendelian or polygenic models. Evidence of increased numbers of affected patients of one sex, or of positive family histories in both parents rather than one, have been thought to imply X-chromosome-linked or polygenic inheritance. Our study suggests that assortative mating is occurring, i.e., that men genetically predisposed to affective disorder tend to seek out and marry women with the same genetic predisposition. In the next generation, this could produce an increase in the number of patients with bilateral family histories, regardless of the mode of genetic transmission.

From a psychodynamic viewpoint, our results suggest that a unique type of relationship is occurring between our male patients and their spouses and in the premorbid state, there may be something highly attractive about the very personality traits that presage the development of affective illness.

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Communicating Drug-Abuse Information Among College Students

Gerhard J. Hanneman

This study compares the convenience and credibility of traditional media and nonmedia sources as disseminators of information on drug abuse and treatment among college students. The specialized information needs of the public have traditionally been served by a variety of nonmedia institutions, e.g., agriculture extension services and Planned Parenthood. During the 1960's, four new formats for disseminating popularized information developed: draft information centers, print compilations of information sources, "underground" media, and telephone information services.

Drug abuse information provides an illustration of how public information needs are sometimes unmet. Despite widespread public concern, the mass media, especially television, minimize their coverage of drug abuse. In a content analysis of television stations in three New England States, 94 percent of the drug abuse messages in a 2-week period were broadcast during times when audiences were smallest; few messages were oriented toward specific groups of likely users; they ignored different information needs of parents, naive nonusers, and users; and more than 80 percent of the messages contained no factual information that might be useful for any of the user groups. Six months later a content analysis of over 500 hours of television air time revealed that only 37 minutes—mainly during early-morning children's shows and late-night talk shows—were devoted to drug abuse public service announcements.

The efficacy of directing print media to the young may be questionable, because data indicate that youth are broadcast-oriented, not print-oriented. Parents, on the other hand, probably write for printed pamphlets and related materials more often than their children. Research implies that the various media are equally effective in creating awareness among adults.

Drug abuse information is proliferating without any real data about its effectiveness in creating awareness of drug abuse or decreasing its incidence. The National Commission on Marihuana and Drug Abuse has acknowledged the public's confusion toward the veracity of available information and has recommended the authorization of one Federal organ, the National Clearinghouse for Drug Abuse Information, to perform the task of disseminating drug abuse information.

Compared to the media, what are the functions of the supplementary sources? What is the relative advantage and credibility of one source over another? Do the media present information that is qualitatively different from other sources? How is the information from the various sources processed?

Drug Abuse Information Seeking

In informational campaigns of the type most effective in persuasion, the influence of the source becomes a crucial factor. Drug abuse dissemination typically occurs without adequate audience analysis and is predicated on a discounted one-step model which posits mass effects consequent to media exposure. Strong data indicate that, for public affairs information, opinion leadership is predominantly a two-

way process. As much sharing as imparting of information occurs between opinion leaders and followers. Drug abuse information seems more amenable to analysis in this paradigm.

Although many of the claims about information seeking have yet to be validated for specialized topics such as drug abuse, it seems tenable that users perceive differing physiological, social, and legal consequences of consuming different drugs. Not only are hard drugs (heroin) usually more inaccessible, thus demanding riskier search behavior, but there are considerable differences in the legal penalties for possession of soft drugs (marihuana) and hard drugs. These differences suggest that defense mechanisms are likely to be greater in areas where attitudes are firmer or the user is more ego-involved as a result of extensive self-justification, drug abuse messages are likely to have a minimal media impact on the higher risk audience, and information on hard drugs is likely to be solicited from professional sources, whereas information on low-risk drugs is likely to be sought from friends or the media.

The Study

Subjects were 407 college students, aged 19–24, who were enrolled in introductory and upper-level communication courses. Each subject completed one of five versions of a survey questionnaire; the versions were identical except for the drug category used as a frame of reference for answering (amphetamines, barbiturates, cannabis, psychedelics, or opiates).

The questionnaire's first section obtained data about the information-seeking habits of subjects with regard to the specified illicit drug, measuring the relative utility of one source over another. First, the subjects were asked to choose the source of information that would give them the most awareness about the treatment of the drug described; then they were asked three items about their choice when faced with contradictory information about drug abuse (either the media and friends, parents and friends, or government agencies and friends), the conveniences of the sources, and the believability of the source.

The second section contained questions on past and present use of the specified drug by the respondent: initial drug use, age and setting of first use, if discontinued, the reason, the relationship of friends and use, arrest information, and purchase information.

The third section contained questions about the student's age, school background, financial situation, parents, media selection, and the occupation of the main wage earner.

The final sample included 86 "amphetamine" respondents, 83 "barbiturate" respondents, 88 "cannabis" respondents, 69 "psychedelic" respondents, and 81 respondents who completed questionnaires about opiates. There were no significant demographic differences among the subsamples.

The data, which were subjected to chi square analyses, support the following conclusions:

Among college students, friends provide initial awareness about marihuana and (unexpectedly) amphetamines, but friends and media content generate an equal degree of awareness about other drugs. With the exception of marihuana and amphetamines, *media content and drug abuse ads do account for the greater amount of initial awareness about drugs.*

Drug abuse information seekers prefer friends and professional sources to government agencies in all cases.

Although friends are the single most popular source of drug abuse information about cannabis, professional and quasi-professional sources are preferred for noncannabis drugs.

These data bear on a number of points: the presence of multiple predictors of drug use, differential information seeking and opinion leadership, and the role of nonmedia sources. Additionally, a considerable difference in communication activity between drug users and nonusers emerges.

It was posited that the relationship among type of drug in perceived risk, and strength of attitude toward the drug might explain information seeking, such that soft drugs, which are less controversial and risky, would be placed on the low end of the scale, while the hard, more controversial drugs would be on the high end. "Controversy" could be interpreted to mean conflicting public statements about a drug's effects, which may be in divergence with user norms. These data provide support for such a paradigm: Less professional (and credible?) sources of drug abuse information are solicited and believed for soft drugs more than for hard drugs.

The data indicate that users and nonusers exhibit different communication behavior about initial drug awareness, drug abuse information seeking, conflict resolution, and other drug-related communication activity. A similar finding emerged in a study of illicit drug dealers: Dealers tended to be much like users in almost all facets of communication behavior and differed significantly from the nonusers.

The following profile emerges from an analysis of the 123 drug users identified in this study:

1. There were no sex differences in frequency or type of drug use.
2. Ninety-four percent of all users have smoked or smoke marihuana.
3. Users tend to be richer and have higher status families than nonusers.
4. Users tend to be about the same age as nonusers.
5. Those who stopped cite personal reasons (e.g., foolish).
6. Users were initiated by close friends whom they have known for at least a year.
7. Users obtain their supply of drugs through small face-to-face encounters with one or two others.
8. Users contact dealers by seeking one or a few particular sources.
9. Users make an average of 1.4 contacts before obtaining desired drugs.
10. The majority of users have initiated no others to use.
11. Of those who have initiated others (44 percent), a majority has only initiated one or two others.
12. About 50 percent of those who have been initiated did so in dormitory rooms, the rest (38 percent) in their own off-campus apartments or their parents' home (12-percent).
13. Ninety-six percent of the users have never been arrested for other than traffic violations.
14. Amphetamines and psychedelic drug users tend to use drugs "very occasionally" or less, while cannabis users tended to use it every other day.
15. The usual quantity of marihuana purchased was an ounce or less.
16. The usual quantity of psychedelics purchased was 5 "trips" or less; speed, 10 pills or less; marihuana users tended to buy only 1 amphetamine pill ("up") at a time; barbiturates, 5 pills or less.

Interpersonal-friendship channels predominate for users in almost all cases, but professional sources and the media provide initial awareness and information for nonusers. Whether these differences arise mainly out of differential perceptions (through experience) of what constitutes use risk, or, for nonusers the controversial nature and lack of reliable information about some drugs, remains open to investigation.

It cannot be said that the notion of opinion leadership operates for nonusers, but it may do so for users. Drug users exist in a drug culture, a milieu with its own reference norms and reinforcement that may make them resistant to blatant media persuasion attempts. Of course, it is possible that the friends identified by users initially gained their awareness (before becoming users) from the media, and that these individuals constitute the opinion leaders in the classic sense.

Possibly, there is some differential validity between users' and nonusers' replies. For instance, the users' high friend identification must be partially a consequence of having to contact potential dealers to obtain drugs, thus providing access to drug knowledgeable "friends." This fact is implicit in being a user. Users may have already engaged in more information-seeking and diffusion than nonusers, and thus may select realistic channel choices (less approved, perhaps). Nonusers, less likely to be part of a drug milieu or not having had need for drug abuse information, may tend to select socially approved (professional) sources because other channels are less likely to be available to them.

While this argument may have merit, the data suggest definite similarities between the groups (e.g., identification of professional sources) supporting the validity of the responses. Also, the likelihood of nondrug using youth (especially on campus) not having acquaintance with or need for drug abuse information is remote; an analysis of a major drug telephone hotline indicated that only 30 percent of the calls were from users, the rest were from friends, relatives, parents of users, or suspected users.

What about the role of the media in disseminating information about drug abuse? From these and other data in this field a number of generalizations begin to emerge. There is a relative lack of reliance on the media by users; yet, 48 percent of the nonusers rely on the media for initial awareness. These proportions tend to exist across drug categories, except when nonusers indicate sources of initial awareness about psychedelics and opiates (probably the two most risky and medically controversial drugs): a significantly larger number of nonusers than users identify media shows rather than friends as the source of their initial awareness about the existence of the drugs.

When faced with conflicting information from friends and other sources, the media do become the second choice for uncertainty reduction among users and nonusers, in preference to friends for both groups. Also, when considering convenience and believability, media ads play a prominent role for nonusers, but a very minimal one for users. The data also indicate that media orientation differs somewhat. Users preferred *Rolling Stone, Time, Playboy,* and *The National Lampoon;* nonusers read *Time, Life, Newsweek,* and *Playboy.* Users listened to "underground rock" FM stations; nonusers strongly preferred AM top-40 stations.

In terms of nonmedia, impersonal sources, it was suggested that the government's dual role in the area of

drug abuse (as educator and law enforcer) does not encourage maximum credibility for information campaigns. Specifically, the credibility of the government's drug abuse efforts may be seriously diminished either by the users' reactions to conflicting government-disseminated information (e.g., about marihuana) or by their generally negative attitude toward enforcement activities. Unlike any other type of information (e.g., about alcoholism), antidrug abuse messages may have a perceived latent function of trying to prohibit an illegal activity. How such a covert purpose may affect information processing needs ample investigation.

As has been noted, the potential drug user who seriously wishes to know the extent of the dangers quickly discovers that the information peddled doesn't check out. So he is likely to believe nothing. Such an information-defensive reaction, which has been attributed in this study to all users involved with controversial and high-risk drugs, is a potential consequence of an impending drug abuse information explosion. Maintaining the accuracy and credibility of drug abuse information sources and channels will become an even more important (and difficult) task as the general level of drug abuse awareness rises and people seek more sophisticated information.

The data also support the importance of interpersonal (friendship) networks. Not only does friendship seem to play an important role in molding dealer behavior, it also influences drug use and information seeking, as demonstrated in this study. This suggests that information dissemination activities should be geared to supplement interpersonal activities. One approach might be to direct information in a way that suggests its utility for consequent communication to others, in essence providing the receiver of the messages with an instrumental purpose for its acceptance.

The data also suggest implications communications. For instance, one overall finding was that doctors, health centers, and hospitals were consistently cited as the preferred source for resolving information conflicts. This suggests that information campaigns sponsored by medical groups, or referring to hospital information services, stand a good chance for the dissemination of drug abuse of acceptance by nearly all segments of the audience.

These findings provide the basis for further investigations of the impact of drug abuse communication on society, particularly the mediating role of mass communications. It is hoped that future research in the area will provide guidelines for launching effective communication programs.

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The Influence of State Regulatory Processes on Mental Health Programs

Anthony Broskowski, Harold W. Demone, Jr., and Honora Kaplan

The veteran of the community mental health movement sees in the debate on the crisis in health services parallels to the concerns of the community mental health movement. He also sees community mental health in a leadership role because it has pioneered, refined, or articulated many features of concern for general health services.

In the area of legislation and statutes, mental health is in a better position than is the general health field. Most existing mental health statutes are more recent than statutes related to general health. Mental health laws are usually more progressive regarding comprehensiveness and accessibility of services, community base and citizen involvement, innovative contractual arrangements, and program evaluation and review. But this position of statutory leadership remains only a potential until statutes are clarified and implemented through practice, including the promulgation of appropriate regulations. Indeed, government regulation through administrative agencies is increasingly a characteristic of contemporary government. The demand for flexible and responsive mechanisms to meet changing needs has contributed to the growth of the regulatory mechanism.

Here we explore the potential influence of the regulatory process on mental health programs and services, and analyze the role of rules and regulations among the various State and local governments.

Significance of Regulations

The study of mental health regulations is tied to the concerns of community mental health professionals. More than 300 federally sponsored public and voluntary community mental health centers and a growing number of proprietary clinics are providing mental health services. These centers have a variety of administrative arrangements, programs, staffing combinations, and sources of program funding. Because of the increasingly pluralistic nature of human service delivery mechanisms and the need for program performance evaluation, a realistic set of regulatory standards must be set forth for judging the operations and performance of all community mental health centers.

The reciprocal relationship between the development of regulations and the development of the centers must also be considered. Thus, regulations which preceded center development have influenced their organizational structure and subsequent growth and effectiveness. Other statutes and regulations have been derived from new situations created by the existence and operation of the centers. If it could be determined that certain organizational forms could better achieve certain mental health goals, or that particular mixes of public and private centers were optimal for certain broad policy goals, then it would be valuable to understand how certain sets of statutes and regulations promote certain types of organizational form.

Besides the traditional method of program evaluation through followup research and statistical studies, regulations offer a tool for maintaining the quality of standards of practice and human service programs. For exam-

ple, with the development of proprietary mental health inpatient facilities, concern for the maintenance of quality standards has been generated. In profitmaking facilities there may be a temptation to hire inadequately trained staff at lower salaries, or proprietary facilities may provide services only to people who can afford their fees or third-party insurance premiums. This process could drain off some of the social pressures needed to maintain adequate federally- and State-sponsored programs for the remaining population.

Regardless of sponsorship or the presence of a profit motive, regulations can help to insure the delivery of services according to acceptable standards. Regulations, for example, can extend beyond traditional concerns for building and equipment standards and address such issues as personnel, programs, clientele, and interorganizational arrangements.

Finally, mental health regulations may serve a critical function in the context of new organizational arrangements for general health or human services by helping to protect the mental health needs of clients in the face of such new health arrangements.

The Regulatory Process

On the Federal, State, or local level, regulation or rulemaking is a legislative or quasi-legislative function, delegated to the agency or department by the lawmaking body. The delegation of authority to make rules and regulations may be explicit in the statute from which the agency derives its existence and responsibility or it may be implicit in the law.

The enactment of a statute by a State legislature or by Congress constitutes concrete articulation of public policies. Because of the give-and-take nature of legislative process, the resulting statute often consists of legitimate compromises, phrased in vague language and ambiguous concepts. Moreover, a statute designed to comprehend an entire substantive area, such as sanitation, mental health, education, or taxation, could scarcely encompass the detail required for implementation or anticipate the problems that might arise. The best legislation may be that which is written with the least detail. Rules and regulations often function to provide the necessary details.

In exercising its rulemaking responsibilities, a government agency is guided and proscribed by its statutory authorization. The enabling legislation may require certain kinds of regulations indicating a legislative intent with regard to the scope of the regulations. Such delegated rulemaking authority may be broad or narrow. Conversely, the statute may not mandate that regulations be promulgated.

The enabling legislation thus establishes the parameters of an agency's rulemaking authority and the scope of the regulations. However, rules and regulations adopted by an agency do not constitute the entirety of administrative control. Intradepartmental directives, agency "policies," traditional methods of procedure, and controls exercised by other agencies affect activities within an agency's purview. Moreover, other laws may establish or delimit the methods by which regulations are developed and promulgated.

Despite its somewhat "in-house" nature, the regulatory process is not shielded from public scrutiny and participation. Such participation may be statutorily required in an administrative procedure act, may be initiated by the agency, or may be demanded by affected organizations or individuals.

It is important to recognize the variety of functions of rules and regulations. The broad functions are establishment of minimum standards, alteration of patterns of action, uniformity and standardization of practices enforcement, education, hortatory expression of broad policy, clarification and interpretation of statute, interstitial action—"filling in gaps," establishment of agency's authority over regulated parties, minimal satisfaction of statutory requirements, public relations, subtle alteration of statutory language, and prevention of abuses.

In addition, it is important to consider some "process" characteristics of regulations related to their promulgation, administration, and enforcement. Regulations may derive from Federal, State, county, or municipal enabling legislation. There may also be variations in the procedures for promulgation, including the use of public hearings and reviews.

The target of regulations may be internal government units or programs of private, voluntary, and profitmaking organizations. Regulations may relate to consumers or providers of service, or both. The language of regulations may vary in imperativeness from "must" and "shall" to "should" or "may." Thus, regulations can serve many purposes—restrictive, guiding or clarifying, educative, supportive or protective, promotive or encouraging. Regulations also vary in the consequences for noncompliance. Finally regulations differ in their degree of flexibility and the frequency and means by which they are reviewed and revised.

Classification of Regulations

We have developed the following categories of mental health regulations:

Physical facilities regulations are concerned with the minimal amount of space per client, fire and safety specifications, administrative authority regarding use of space, and facility modifications for physically handicapped clients.

Personnel regulations require particular staff-patient ratios and experiences or academic degrees for particular staff positions or tasks.

Administrative structure regulations concern interorganizational arrangements and the flow of information, funds, or services between subunits of a mental health agency and regulations affecting the interorganizational relationships between mental health and other service programs.

Client-processing policies include regulations defining eligibility for utilization of service programs and regulations regarding classification, diagnosis, hospitalization, and release of patients.

Program content specifies required services and their relationship to one another. Under present NIMH guidelines for example, secondary and tertiary services are emphasized while primary prevention activities receive attention only within the category of consultation and education.

Financing patterns concern the relationship of Federal, State, and local funding and the sources of payments for services. Thus, medical care for some mental health inpatients may be available through regulatory interpretation of Title XIX of the Social Security Act. Some State mental health centers require a matching component from county or local government.

Citizen representation regulations define the role and powers of citizen groups in the formulation and approval of program policy, budgets, or services. For example, citizen boards

may have regulatory authority to make contributions to the utilization of community resources for discharged hospital patients.

Data collection, information systems, and evaluation specify the amount and type of information collected on clients and programs and program review or evaluation based on statistical information and case materials.

Regulations and Professional Attitudes

It is unlikely that many mental health professionals understand the role of regulations and their value. Part of the difficulty is the attitude of service professionals toward regulations. Because of inherent, and perhaps necessary, biases in training and professional practice, service-oriented professionals are likely to assume that regulations are restrictive bureaucratic rulings that impede service delivery or make positive changes more difficult.

Although professionals may not have negative attitudes toward regulations addressed to building standards and sanitation, they have concerns about those that might affect their professional practices, administrative procedures, or treatment programs.

Regulations and Mental Health Programs

The delivery of mental health services in the United States is traditionally a responsibility of State governments and usually constitutes a major investment of resources and a source of concern for State officials. The State must maintain control of and accountability for delivery of services. It can do this by providing the bulk of direct services through its own facilities. In such cases regulations are less likely to be written.

Alternatively, the State may decentralize delivery of services through lower levels of government or through private agencies, and then it is presumed that State control is necessary through a regulatory mechanism. For example, under State-operated systems the employees will meet civil service standards, whereas under contract arrangements the State must insure quality of staff through State licensure or regulation. With increasing decentralization comes increasing variation in funding and budgets, intake practices, and service programs. Although localized variations are desirable, it is also necessary to establish minimum standards throughout the State for certain procedures and practices, such as eligibility for services.

Various legal forms for community mental health centers include a public agency, a voluntary nonprofit corporation, or, less frequently, a partnership or private psychiatric group practice. Each organizational form has advantages and disadvantages.

The disadvantages of public community mental health centers are the problem of obtaining adequate community representation and the inflexibility of administration and budgeting. The first problem is usually addressed by the appointment of advisory citizen groups. Such groups, however, frequently lack power or authority to affect center policies or operations.

An advantage of public agencies is the likelihood of continued financial support. Public mental health agencies, however, must compete with other public systems for limited financial resources.

The nonprofit voluntary agency has the advantage of flexibility and adaptability to changing conditions. Inherent in its governance by a board of directors is the mechanism to insure community representation. There are, however, additional possible relationships between the private agency and

the public sphere. For example, voluntary agencies can become dependent on a variety of government financial supports. It has been said that few mental health centers are able to operate without needing government funds, and that with the reception of Federal funds, private centers become quasi-public centers. Many city and State governments have laws and regulations requiring reports and financial disclosures by agencies which receive charitable contributions.

Other relationships between private agencies and government can be established through contracts for services, research, and training, which will be influenced by the regulations governing such contracts.

Since community representation is a less integrated aspect of publicly operated mental health programs, their participation is likely to be required by statutes or regulations. We may expect that publicly operated centers will manifest more flexibility and innovation in States that use regulations rather than statutory requirements. Flexible and changeable regulations may provide more administrative leeway to hire new career professionals whereas statutes restricting jobs to civil service requirements may be difficult to change.

Regulations at the level of State or local government can promote or require interorganizational interactions, exchanges, or relationships that are critical to the development of mental health programs and services. Furthermore, the quality and quantity of the interorganizational relationships that a program has with other public, private, or quasi-public human service organizations will be related to the existence and content of regulations that address themselves to such relationships.

The role of regulations and their impact on the operation of mental health programs will vary depending upon how explicit, enforceable, and comprehensive they are. Vague regulations, or explicit regulations that are not enforced, will have little influence on the development and operation of services. Moreover, rules and regulations may have a greater impact on the operations of programs when they are centrally administered.

Because regulations are partly designed to prevent or restrain abuses, subtle conflicts of interest may arise when the same organization is responsible for program development and regulatory compliance. Nevertheless, a significant dimension of any agency's regulatory authority lies in its capacity to be responsive to changes and to enforce its rules and regulations when established. When programs are developed and administered by the same government agency that must monitor such programs, enforcement may be less stringent than in situations where development and regulation are separated.

With concern for the delivery of mental health services must come awareness of the relationships between regulations and the general quality of mental health programs. We hope that empirical research will be conducted to further the quality of our organizational relationships, administrative practices, and professional training and services.

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